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MEDICAL GUIDE & GLOSSARY

English Edition

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MEDICAL GUIDE & GLOSSARY

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PREFACE

The MEDICAL GUIDE & GLOSSARY was developed in response to our concern about the health needs of Indochinese refugees. Since the first refugees arrived in the United States in 1975, it has been apparent that a medical resource in the Indochinese languages was needed. In the spring of 1978, the State of Oregon generously agreed to provide a grant to enable us to develop this publication. In the fall of 1979, both the State of Oregon and the Public Health Services Division of HEW agreed to provide additional funding for a second printing. This then is the revised edition of the MEDICAL GUIDE & GLOSSARY.

The MEDICAL GUIDE & GLOSSARY has been prepared in four editions: Cambodian, Laotian, Vietnamese and English. This has required the time and efforts of many persons. I would like to give special recognition to Janet Rullo and Christa Wagner, the authors of the project. They researched, planned and condensed an unlimited amount of resource material into a workable form. Translation of this type of information takes unique ability, especially since some of the medical and health care terminology is not a common part of these ethnic cultures. For performance of this arduous task, many thanks go to Nady Tan (Cambodian Edition), Thach Nguyen, Loc Vu and Lan Nguyen (Vietnamese Edition), Khamking Souvanlasy, Vang Sing, Chareundi Van-Si and VanhLang Khamsouk (Laotian Edition). The project has enjoyed the illustration skills of Julie Booth and the typing skills of Emi Rader and Rita Smith.

Many persons outside our agency assisted in the development of this material. Our appreciation goes to: Dr. Robert Putsch (Public Health Services, HEW), Jerry Burns (Department of Human Resources, State of Oregon), Dr. Michael Googins, Corrie Stevens, Zig Sawzak, Ruth Waters, the Venerable Oung Mean, Mr. Bonara Heng Chuom, and Dam Vu.

I would also like to thank the many others not mentioned who helped the project in some way.

To our readers, we wish you good health and a satisfying life here in America.

Ed Ferguson
Administrator
Indochinese Center

February, 1980

INTRODUCTION

The MEDICAL GUIDE & GLOSSARY was first published in 1978 in response to the needs of refugees from the three countries of Indochina. At that time, it was published only in the three main Indochinese languages: Cambodian, Laotian and Vietnamese. The response to the first edition was very positive; however, health professionals working with the GUIDE found it to be of limited value because there was no English version to let them know what was contained in the book.

When funding was obtained for a second printing, a limited number of English editions were printed. These volumes are intended solely for use along with the translated versions of the MEDICAL GUIDE & GLOSSARY, as the GUIDE was written expressly to meet the needs of Indochinese refugees, and is of limited value to English speaking people who have a variety of health books from which to choose.

The translated versions were intended for use in three ways. First, the MEDICAL GUIDE & GLOSSARY is an introduction to the American health care system. Sections on Going to the Doctor and the Physical Examination give information about proper medical care and how to utilize the services of medical personnel. Second, it is a source of information for specific medical problems which seem to arise frequently in the refugee community. The section on Common Diseases gives information about particular problems and how they may be treated or prevented. Third, it is a communication tool. Sections on Simple English Structures, Symptoms, and the Glossary are to be used when a patient must describe a problem to the doctor and when the doctor must explain the problem to the patient.

The MEDICAL GUIDE & GLOSSARY was written to serve the needs of refugees of varied backgrounds. For the new arrival who speaks no English, the book is a source of general information about health and can be used as an aid for communication. For the refugee who speaks some English and is more familiar with American culture, the book can also be used as a resource for further vocabulary building. We recommend that refugees take the GUIDE with them whenever they go to the doctor, no matter what their background is.

The information in the book is very basic and general. Time, space, equipment and funding limitations prevented us from including more information. However, some other sources have translated materials available for specific areas of health. For a list of some of these sources, see the last section of the book, Where to Obtain More Information.

We hope this GUIDE will be of use to you in your service to refugees.

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GOING TO THE DOCTOR

When to see the doctor

Generally speaking, any pain or symptom which persists should be reported to the doctor. Except for a common cold, small aches and pains, and other ailments which can be easily treated at home, any condition which causes prolonged pain, or any sudden change in a normal body function should be reported to the doctor immediately.

For example, pains in the leg caused by an injury, difficulty in breathing, a bad sore throat, change in the color of urine or feces, sudden loss of weight for no apparent reason, persistent fever or cough --- any of these may be a sign to the doctor of the beginning of some disease.

Do not wait until you are very sick before seeing a doctor. If the doctor can treat the illness early, you will have a quicker and easier recovery. If you wait until the illness becomes severe, you will cause danger to your health and possible lasting damage to your body.

Illness is not the only reason a person may need to see a doctor. Maintaining good health is another important reason. Nowadays, because of advances in modern medicine, we know that many diseases can be discovered or prevented by a doctor before a person actually feels ill (for example: tuberculosis, venereal disease, and heart attack). Therefore, in order to stay in good health, it is best to see the doctor at regular times in our lives, usually once a year, for a physical examination.

A physical examination is especially important for adults of 40 years and older. This is the time when heart attack, stroke and hypertension can occur. For women, problems and changes in the body due to menopause can occur. Pregnant women should have physical examinations at the first sign of pregnancy, with regular examinations until the birth of the baby.

Some employers require a physical examination as a condition of employment. Insurance companies sometimes require it before health insurance can be granted.

Therefore, it is clear that a person should see the doctor not only when he is ill, but also to have his health checked, and to stay in good health.

Making a doctor's appointment

If you don't know of a good doctor in your area, the first step is to locate one. Because of advances in modern medicine, there are many different kinds of doctors, general practitioners as well as specialists. (For complete list of types of doctors, see page 6.) For most general health problems, a general practitioner (GP) is best.

To find a doctor, you can contact the medical society or local public health agencies in your area: city or county health clinics. Or you can contact the Welfare office and local refugee agencies. Sometimes a friend can recommend a good doctor. You may find many doctors available. So choose one with whom you can feel comfortable. When you find one you prefer, remember him for any future health problems. The longer a doctor knows you, the more familiar he becomes with your health, and the better he can treat any problems you may develop.

Next, telephone the doctor's office to make an appointment. State your name and your problem, and any signs and symptoms. (See "Simple English Words and Phrases," page 10.) Note the time and date of the appointment. Be sure to give your telephone number, in case your appointment time must be changed.

At the doctor's office

On the day of the appointment, arrive at the doctor's office a few minutes early. The first room of the doctor's office is the waiting room. Here there will be a receptionist or nurse to greet you. Give your name and appointment time, and show your medical card if you have one. Then you will wait in this room until your name is called.

Next you will enter the examining room. Here the doctor gives the physical examination.

In the examining room

The process of finding out the cause of an illness is called the diagnosis.

Most illnesses have immediate causes and contributing causes. For example, a person gets tuberculosis because the germ of tuberculosis has invaded his body. But his body may have also been weakened by poor nutrition, and also by exposure to cold and damp. Therefore, in making the diagnosis, the doctor will want to find out everything he can about the patient, his past health, his environment, and what relationship these facts have to his present health.

One of the first steps the doctor takes in making the diagnosis is to get a record of your past health and environment. This is called a medical history. In order to do this, the doctor may ask you many questions about any health problems and diseases you had in the past; also any childhood diseases such as measles, chicken pox; any immunizations and innoculations; and any allergies. Also he may ask about your health habits, the kind of work you do, where you live, and the kinds of food you eat. It is important to give the doctor as much information as he needs, since all of these facts affect your present health.

The physical examination

After the doctor has inquired into the medical history, he may give you a physical examination. If you are ill, he will first want to know the general symptoms which have brought you to him for a visit.

You complain of burning sensations in various parts of the body: Head, throat, arms, chest, stomach. Your complaint may be of feeling too hot or too cold, tired all the time, loss of appetite, back pain, headaches. Whatever your signs and symptoms, try to describe them in your own way and avoid simple "yes" or "no" answers to his questions. Don't conceal any symptoms, but include as many details as you can. This will give the doctor a more complete picture of your condition. (See "Simple English Words and Phrases," page 10 .)

The doctor may want to examine your body, looking for the signs of health or illness. With his eyes, he can look closely at your skin, eyes, complexion, and general shape of your body, noting any swelling, bumps, bruises or abnormalities.

With a variety of small hand instruments he can learn more about your health. He can measure your body's internal temperature with an oral thermometer. He can look into the eyes with an ophthalmoscope, the ears with an otoscope, the nose with a rhinoscope, the throat with a pharyngoscope. He can listen to the heart and lungs with a stethoscope. He can observe and record the motions of the heart with an electrocardiograph. He can take a picture, called an X-ray, of the bones and internal organs. All of these examinations are painless, and cause no discomfort.

The doctor may have some simple tests made, to get more information about the internal functions of your body. A blood test gives an analysis of the

blood, and can detect infection and anemia. To get a blood sample, two different methods are commonly used: the doctor or nurse will (1) prick your finger with a small pin and squeeze out a few drops into a sterilized container, (2) insert a small hollow needle with attached syringe into a vein in the arm to draw out a very small amount. These procedures cause only slight discomfort. There is no need to worry about blood loss. The adult human body contains approximately 5 quarts of blood and the small amount needed for a blood test is quickly replaced by the body.

A urinalysis gives an analysis of the urine, and can detect kidney problems. To get a sample of your urine, the doctor or nurse will give you a container in which to collect a small amount.

Medicines and following the doctor's orders

After the examination and diagnosis, the doctor may prescribe some treatment and medicine, which you are to take while you are recuperating at home. He may give you a written prescription for medicine. A prescription is a set of instructions for making the correct amount and type of medicine. It must be taken to a drug store and completed by a pharmacist. When you receive the medicine from the pharmacist, follow the exact dosage. (For more information, see "Medication," page 29 .) Be sure to follow the doctor's advice about any other home treatment, rest, and special diet.

The doctor may want to see you again in the next few weeks, to check your recovery. If so, you will need to make another appointment before you leave the doctor's office. If for some reason you cannot keep an appointment at the correct time, be sure to telephone the doctor's office to reschedule it.

Physical examination for women

In addition to the physical examination, women should have a special examination once a year when they reach childbearing age. This exam is usually done by a gynecologist, a doctor with specialized knowledge of the female reproductive system. It can also be done by a general doctor or "GP."

In recent years, it has been learned that in order for a woman to keep her reproductive system in good health, she should have an examination by a doctor to check her reproductive organs for signs of disease. The most serious kind of disease, which affects these organs is cancer: Cancer of the breast, cervix, uterus. This disease can be easily stopped if treated in its early stages, but it is often fatal in women simply because it can go unnoticed for a long time, while the disease has a chance to grow. With an examination by a doctor once a year, he can check for this, and if it is present, a cure in its early stages is possible.

Another disease which can be cured or prevented by this examination is venereal disease, or VD. Like cancer, this disease can be very serious for women simply because it can go unnoticed for a long time, with no apparent symptoms until the disease has become severe.

At the Gynecologist's office

Usually the doctor will want a medical history of menstruation, childbirth, birth control, and other related areas. The doctor may ask many questions. He will want to know at what age menstruation began, whether your cycles are regular, how long the flow lasts, whether you have cramps, how many pregnancies you have had, if you have had any miscarriages, type

of delivery (vaginal or cesearean), problems during pregnancy, whether your children were breastfed or bottle fed, what types of birth control you have used, and what types have been successful for you.

The Gynecological exam

After speaking with the doctor or nurse, you are left alone in the examining room to undress, and are given a disposable robe or sheet to wear. A blood sample may be taken for a blood test. A urine sample may also be taken for a urinalysis, especially if you have burning or pain during urination. These procedures are the same as for Physical Examination, page 2.

While lying on your back, in the examing room, the doctor can check the breasts, abdominal organs, and groin. The doctor will look for any swelling, unusual lumps, or other signs of disease. All women should learn how to examine their own breasts, and should do so after each menstrual period.

For examination of the genitals, the woman lies on her back with her legs apart and her feet in metal supports called stirrups. The doctor will examine the vaginal area for inflammation or sores.

To inspect the vagina and cervix, the doctor will use a speculum, a plastic or metal rounded instrument. This instrument is first warmed, and then inserted into the vagina. This will gently separate the vaginal walls so that the doctor can see the cervix.

This test takes only a few minutes. It may cause some mild discomfort, so it will be easier and more comfortable for you if you relax the abdomen and leg muscles as much as possible during this time.

The Pap test for cancer of the cervix (cervical cancer) is done at this time. With a small flat stick, the doctor gently scrapes some cells from the surface of the cervix; this is then sent to the laboratory for inspection.

Then the speculum is removed, and the doctor performs an internal or pelvic examination. While wearing a surgical glove, the doctor inserts two fingers deep into the vagina. With the other hand on the abdomen, the doctor can feel the uterus, its size, shape and movement, and can detect any swelling of the ovaries and fallopian tubes. The doctor may also do a rectal examination. He does this by inserting one finger in the rectum and checking to see if there are any abnormalities in the area.

In addition to giving this type of examination, the gynecologist can answer any questions you may have about your reproductive system, and is helpful for recommending types of birth control which will be successful for you. If you wish to use a diaphragm as a birth control method, it must be properly fitted by a doctor or a trained nurse. Birth control pills can be obtained only with a doctor's prescription. An IUD must be inserted by a doctor or a trained nurse. For more information on birth control methods, see the chart on page 42.

What to do when you are ill

When you are ill, it is important that you take very good care of yourself so that your body can heal itself. When you are sick, remember to do the following:

1. If an illness, symptom, or pain is very severe, see a doctor.

2. If an illness, symptom, or pain lasts longer than two weeks, see a doctor.

3. If the illness is communicable, the other family members should avoid sharing eating and drinking utensils, and the person who is ill should cover his mouth when coughing or sneezing, wash his or her hands after urinating or defacating, and should dispose of tissues which have been contaminated.

4. Get as much rest and quiet as possible so that your body is relaxed and can heal itself.

5. If your doctor recommends, drink plenty of water and juice. This helps to reduce fever, replaces the fluids lost from vomiting, diarrhea, and perspiration, and helps to wash away the viruses and infections in your body.

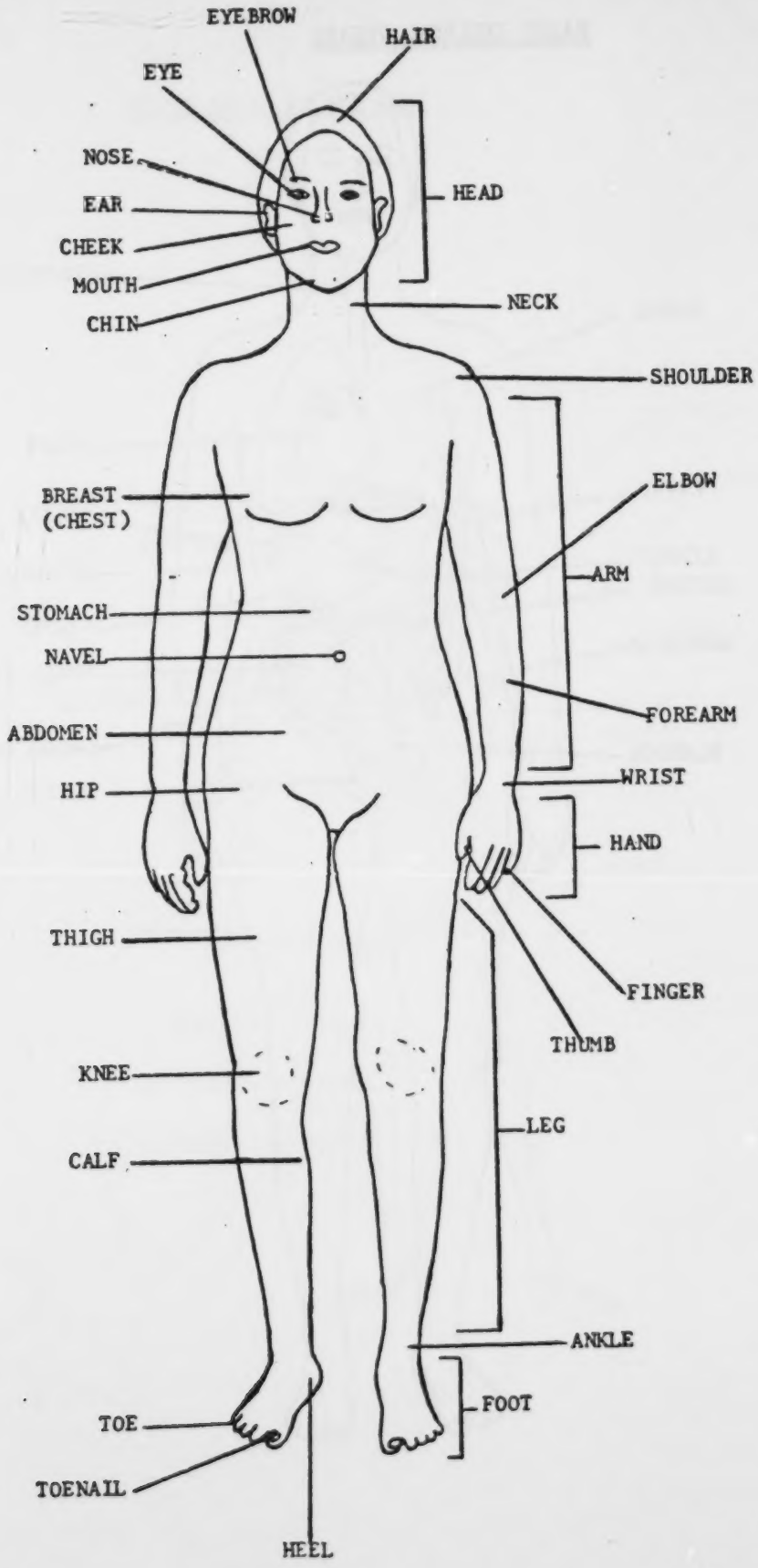
6. Eat a nutritionally balanced diet, including foods from the seven basic food groups, so that your body gets all the vitamins and nutrients that it needs to get well. Some illnesses require special diets which your doctor will recommend.

7. Use over-the-counter drugs only when your physician recommends it. These may help to relieve symptoms, but don't cure the disease or heal the body.

8. If a doctor prescribes medicine, be sure to take it only as directed. Don't share medicines with family or friends.

MEDICAL SPECIALISTS

SPECIALIST	WHAT HE or SHE TREATS
Allergist	Allergies
Cardiologist	Heart problems
Dermatologist	Skin disorders
Family Practitioner	General medical problems
Gastroenterologist	Diseases of the digestive system and liver
Gynecologist	Female disorders
Hematologist	Blood disorders
Internist	Internal disorders (stomach, abdomen, chest)
Nephrologist	Kidney disorders
Obstetrician	Prenatal care, delivery
Ophthamologist	Eye diseases
Optometrist	Vision disorders
Pediatrician	Children's growth and diseases
Psychiatrist	Mental and emotional disorders
Urologist	Urinary tract disorders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HAIR
EYE
NOSE
EAR
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MOUTH
CHIN
HEAD
NECK
SHOULDER
ELBOW
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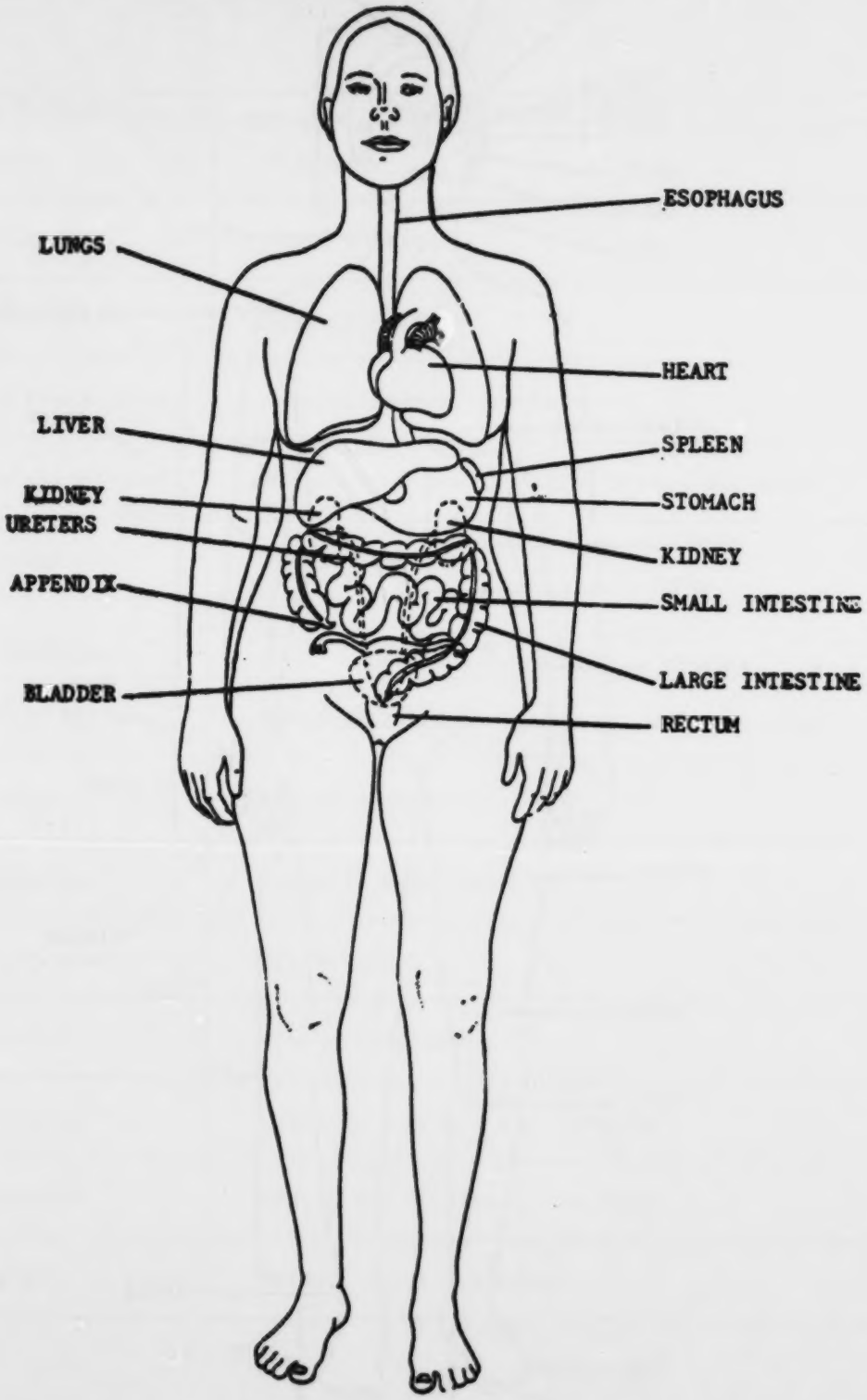
ARM
STOMACH
NAVEL
FOREARM
ABDOMEN
WRIST
HIP
HAND
THIGH
FINGER
THUMB
KNEE
LEG
CALF
ANKLE
FOOT
TOE
TOENAIL
HEEL

MAJOR INTERNAL ORGANS



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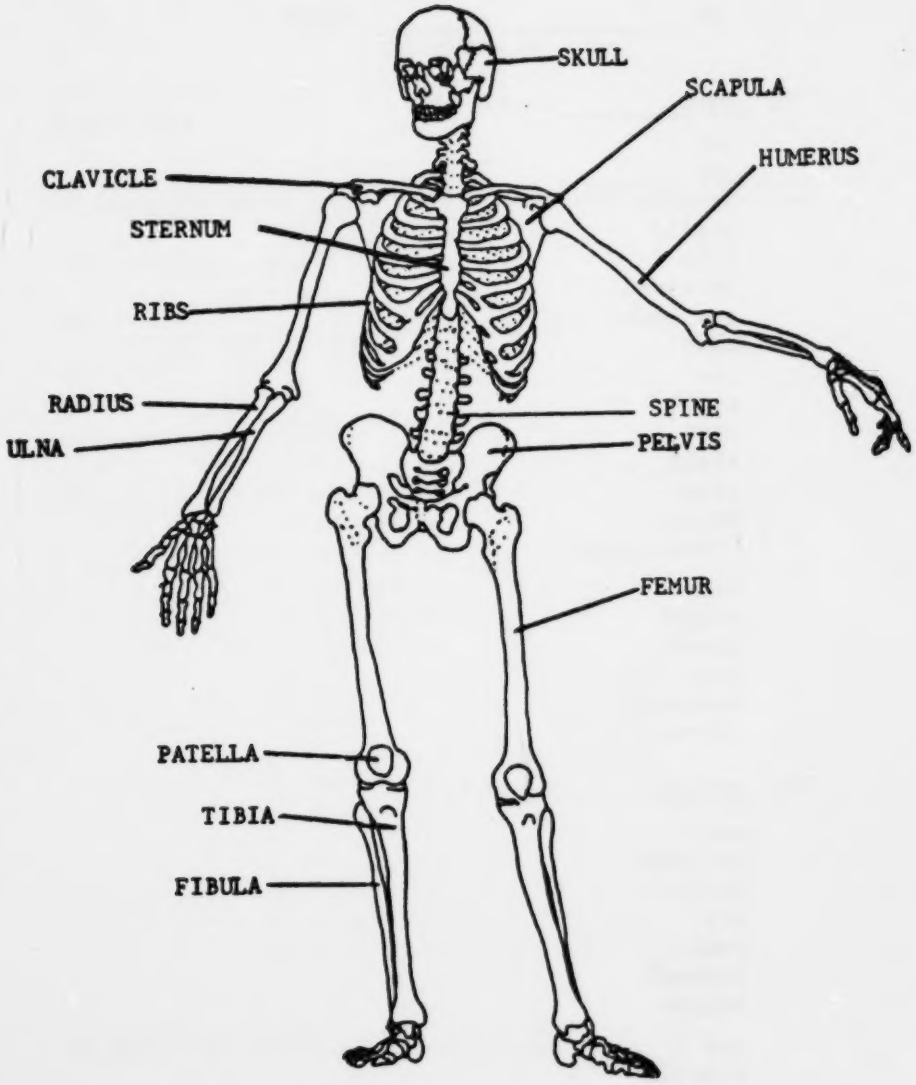


SIMPLE ENGLISH WORDS and PHRASES

To DESCRIBE PAIN in a PART of the BODY

"What's the matter?"
"What's the problem?"
"What's the trouble?"
"What's wrong?"

"MY _____ HURTS."
(part of the body)

"My head hurts."

ear
eye
eyebrow
eyelid
face
forehead
gum (gums)
head
jaw
mouth
nose
scalp
skin
tongue
tooth (teeth)

back
breast
chest
neck
shoulder
throat

"My abdomen hurts."

anus
buttocks
genitals
hip
penis
stomach
vagina

arm
armpit
elbow
finger
fingernail
forearm
hand
thumb
wrist

PAIN in a PART of the BODY, cont'd

"My ankle hurts."

calf
foot
heel
knee
leg
muscle
shin
thigh
toe
toenail

left side
right side

To DESCRIBE ABNORMAL CONDITIONS in a PART of the BODY

"What's the matter?"

"MY _____ ITCHES ."
(part of the body)

"My _____ burns ."

itches
is bleeding
is numb
is stiff
is swollen
is discolored
is blue
is red
is green
is brown
is black
is yellow
is white

"My _____ is dry ."

is hard
is soft

To DESCRIBE INJURY in a PART of the BODY

"What's the matter?"

"I HURT MY _____."
(part of the body)

"I broke my _____."

To DESCRIBE INJURY IN A PART OF THE BODY, cont'd.

"I bruised my _____ ."

burned my _____
cut my _____
dislocated my _____
fractured my _____
hurt my _____
scratched my _____

To DESCRIBE SYMPTOMS

"What's the matter?"

"I HAVE _____."
(symptom or sign)

" I have blurred vision ."

chills
cramps
diarrhea
gas
heartburn
hiccups
hot flashes
indigestion
swollen glands
an allergy
a cough
a discharge
a fever
a headache
a nosebleed
a poor appetite
a rash
a runny nose
a stuffy head
a sore on my _____
(part of the body)
trouble breathing
trouble chewing
trouble defecating
trouble eating
trouble keeping food down
trouble moving my _____
(part of the body)
trouble sleeping
trouble swallowing
trouble urinating
watery eyes

VERBS TO DESCRIBE SYMPTOMS

"What's the matter?"

"I AM _____."

"I am bleeding."

coughing
itching
perspiring
shivering
sneezing
twitching
vomiting

"What's the matter?"

"IT HURTS WHEN I _____."

"It hurts when I breathe."

chew
cough
defecate
eat
have intercourse
menstruate
move
move my _____ (part of the body)
run
sneeze
swallow
sit
stand
urinate
vomit
walk

To DESCRIBE FEELINGS OR STATES OF BEING

"What's the matter?"

"How do you feel?"

"I FEEL afraid."

angry
anxious
cold
constipated
dehydrated
depressed
dizzy

To DESCRIBE FEELINGS or STATES of BEING, cont'd.

"I feel ___faint___."

hoarse
hot
hungry
nauseous
nervous
numb
sad
shaky
sick
stiff
thirsty
tired
unhappy
weak

To DESCRIBE LOCATION OF PAIN OR SYMPTOMS

"Where does it hurt?"

"Where is the trouble?"

"Where is the problem?"

"___IN___ MY _____."
(part of the body)

Above my _____
Below my _____
Between my _____
In my _____
In the middle of my _____
On the bottom of my _____
On the top of my _____
On the left side of my _____
On the right side of my _____
Under my _____

SOME LOCATIONS of PAIN

in my ear
in my eye
in my mouth
in my nose
in my penis
in my rectum
in my vagina
under my fingernail
under my ribs
under my shoulder blades
under my skin
under my toenail
under my tongue

To DESCRIBE TYPE of PAIN

"What kind of pain?"

"Describe the pain."

"How strong is the pain?"

"IT'S A _____ PAIN."

"It's (a) ____constant_____pain."

dull
(an) intense
mild
(an) intermittent
severe
sharp
shooting
stabbing
throbbing
burning

To DESCRIBE FREQUENCY of PAIN or SYMPTOMS

"How often does it hurt?"

"When does it hurt?"

"IT HURTS _____."

"It hurts __all the time_____."

all day
a few times a day
during the day
once a day
sometimes
all night
a few times a night
during the night
once a night

To DESCRIBE LENGTH OF TIME OF PAIN or SYMPTOMS

"For how long?"

"How long have you had it?"

"FOR _____."
(length of time)

"For one day____."

two days
three days

To DESCRIBE LENGTH of TIME of PAIN or SYMPTOMS, cont'd.

"For four days."

five days
six days

one week
two weeks
three weeks

one month
two months
three months
four months
five months
six months
seven months
eight months
nine months
ten months
eleven months

one year
two years

all my life

PHRASES TO USE in the HOSPITAL

"What do you need?"

"I NEED _____."

"I need a bath."
a bedpan
a blanket
a clean gown
a doctor
a massage
a nurse
a pain killer
a pillow
a pillow for my _____ (part of the body)
a spitpan
a TV (television)
some clothes
some food
some ice
some juice
some medicine
some water

SYMPTOMS

The following pages list most of the symptoms related to each major system of the human body. Some diagrams are included to aid in understanding the relationship between symptom and system.

GENERAL SYMPTOMS

chills
fever
fatigue
excessive weight loss
excessive weight gain

SKIN

abscess
burning sensation
discoloration
dry skin
itching
scaling skin
rash
sores
bruise easily
excessive perspiration
excessive loss of hair
dandruff
diaper rash
change in warts or moles
sores that do not heal

NERVOUS SYSTEM

numbness
fatigue
paralysis
dizziness
fainting
headache
weakness
tingling in limbs
loss of feeling
convulsions
seizure
epilepsy
muscle twitching
trouble sleeping
forgetfulness
confusion
depression
anxiety
hallucinations

EYES

eye inflamation
bloodshot eyes
double vision
blurred vision
eye strain
pain in the eye

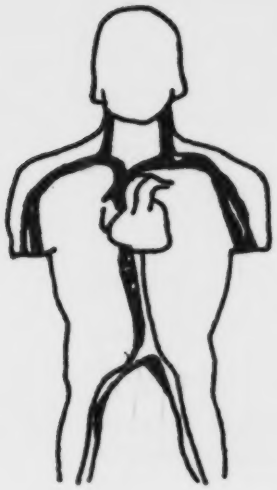
MOUTH & TEETH

sores on lips
sore gums
trouble chewing
dental problems
toothache
sore mouth
ulcers in mouth
black tongue
furred tongue
bad breath
trouble speaking
bad taste in mouth

EAR, NOSE & THROAT

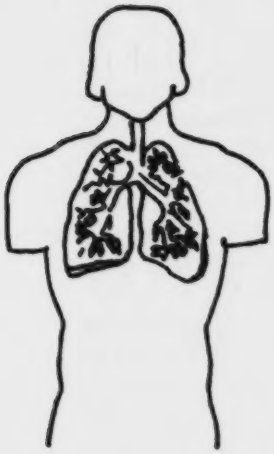
ear pain
discharge from ear
hearing loss
hearing noises in ear
nose bleed
discharge from nose
nose pain
trouble breathing through nose
sneezing
dry nose
sore throat
hoarseness
loss of voice
trouble swallowing
excessive salivation
dry mouth
swollen glands
nasal congestion

CARDIO-VASCULAR SYSTEM



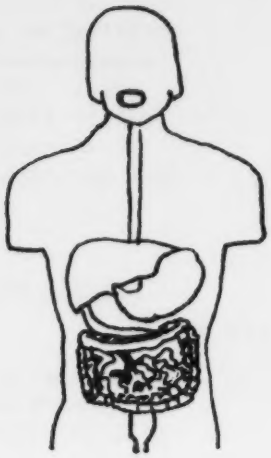
chest pain
pain over the heart
palpitations
shortness of breath
rapid heart beat
irregular pulse
high blood pressure
low blood pressure
swollen ankles
varicose veins
pain radiating into arm or jaw
excessive sweating

RESPIRATORY SYSTEM



trouble breathing
persistent cough
coughing up blood
excessive phlegm
lung problems
lung congestion
noisy breathing
history of tuberculosis
shortness of breath
wheezing
habit of smoking

GASTROINTESTINAL SYSTEM



burping
heartburn
hiccups
indigestion
nausea
vomiting
vomiting blood
poor appetite
excessive hunger
excessive thirst
trouble swallowing
stomach pain
swollen abdomen
gas
diarrhea
constipation
change in bowel habits
dark or black stool
mucus in stool
bloody stool
bleeding from the rectum
pain or itching around anus
liver problems
gall bladder problems
jaundice
pain when eating
pain after eating certain foods

MUSCULAR-SKELETAL SYSTEM

low back problems or pain
pain between shoulders
neck problems or pain
swollen joints
sore muscles
weak muscles
difficulty while walking
fractured bones
broken bones
limited movement of limbs
dislocation

URINARY SYSTEM

loss of bladder control
inability to urinate
frequent urge to urinate
burning urination
painful urination
scanty urine
discolored urine
cloudy urine
blood in urine
low back pain
urge to urinate at night

GENITALS - MEN

discharge from penis
sore on genitals
swollen scrotum
erection problems
burning urination
painful urination
hernia
infertility

GENITALS--WOMEN

premenstrual tension
painful periods
irregular periods
absent periods
scanty menstrual flow
heavy menstrual flow
pain between periods
spotting between periods
vaginal discharge
pain during intercourse
sores on genitals
miscarriage
infertility
swollen breasts
pain in breasts
lumps in breasts
inverted nipple
dimpling of breasts
problems in pregnancy
    morning sickness
    toxemia
    water retention
hot flashes
depression

COMMON DISEASES

Below is a list of some common diseases, their symptoms, treatment, and prevention.

Allergy

You are said to have an allergy when your body reacts abnormally to substances in the environment that do not bother most people: particles in the air, food, drugs. Emotional or nervous stress will not cause an allergy, but it can set off an allergic reaction. The symptoms of allergy are: stuffy or runny nose, watery and itching eyes, itching of the skin, or hives. Sometimes there is trouble with breathing, headache or upset stomach. Although allergies can be very upsetting, they are seldom fatal or seriously limiting. Allergies can begin at any age; often they develop when a person changes environments and is exposed to different plants, products, and chemicals. Some medicines -- antihistamines -- can relieve allergy symptoms. If you think you have an allergy, see your doctor; he can help you find the best way to deal with the symptoms.

Appendicitis

The appendix is a small organ located at the junction of the large and small intestines (see diagram, page 8). It is involved in helping the body fight disease. Sometimes the appendix becomes inflamed, causing pressure and pain in the lower right side of the abdomen. If the appendix is not removed, it can rupture and spread pus and bacteria through the abdomen. This is called peritonitis. Because a ruptured appendix is such a serious problem, it is important to have the appendix removed soon after it becomes inflamed. An appendectomy is the removal of the appendix and is generally a safe operation. The symptoms of appendicitis are usually: nausea, abdominal pain (especially in the lower right quadrant of the abdomen), loss of appetite, fever, diarrhea or constipation. If the abdominal pain lasts for more than three or four hours, do not try to treat yourself with laxatives, emetics, or local heat as these may cause the appendix to rupture. Do not eat or drink anything, and see your doctor as soon as possible. If you have persistent abdominal pain or upset associated with a fever, see your doctor immediately.

Cancer

Usually the tissues in the body grow in an orderly fashion. This happens when a child is growing, and it happens in adults when new tissue grows to replace old, injured tissue. Sometimes the tissues grow abnormally. If the abnormal growth is confined to one area or organ is is called a benign tumor. Such a tumor may cause pressure on nerves or other organs; in such a case it will need to be removed. Malignant tumors are not confined to one area, but may spread throughout the body if not treated early. In its early stages, cancerous growths tend to be painless. This is why it is important to note any abnormal symptoms and report them to the doctor at once. If you have any of the following symptoms, see your doctor immediately: change in bowel or bladder habits, a sore that does not heal, unusual bleeding or discharge, a thickening or lump on the breast or elsewhere. persistent indigestion or trouble swallowing, an obvious change in a wart or a mole, or a persistent cough or horseness. In order to detect cancer in its early stages, it is

important that women give themselves monthly breast exams and that they get yearly pap and pelvic examinations.

Cold (Upper Respiratory Infection)

The common cold may be caused by many different viruses and organisms. When these agents get into the body, the body systems react by trying to get rid of the infection; blood goes to the infected areas causing redness and discharge. The symptoms of a cold are nasal stuffiness, watery discharge from the eyes and nose, sneezing, a red nose, a sore throat and sometimes fatigue, headache, muscle aches, and a slight fever.

Most colds last for 1 - 2 weeks. Colds cannot be cured, but they might be prevented by taking care of your general health, and by staying away from people with colds. Once you have a cold there are medicines that will bring some relief. Nasal decongestants such as Neo-Synephrine are sprayed into the nose and allow you to breathe better. Antihistamines may help to relieve the discharge and sneezing. Taking two aspirin every four hours will help relieve the feverish feeling and the aching. If your throat is sore, gargling with warm salt water will provide some relief. If you have a cold, get plenty of rest, drink lots of water and juice, and try not to infect other people by close contact.

Diabetes

In diabetes,something is wrong with the body's ability to use (metabolize) sugar. Urine tests or blood tests are used to determine if the person has diabetes. The most common symptoms of diabetes are increased thirst, the urge to urinate frequently, increased appetite often with a sudden loss of weight, fatigue, weakness, itching around the genitals and the anus, and a decreased resistance to infection. When a person has diabetes, his doctor will put him on a special diet and will prescribe insulin or oral medication. It is important that the diabetic follow his doctor's instructions regarding diet, medication, and exercise exactly. It is also important that the diabetic take good care of his health so that he does not get an infection. Care of the feet is especially important.

Flu (Influenza)

Flu is a very contagious viral infection. It usually occurs in epidemics. The symptoms are very similar to that of a cold, but are more severe: tiredness, headache, runny nose, chills, fever, muscle aches, and a cough. Flu is spread by coughing which transmits the virus through the air. Usually the illness lasts from 1-7 days. If you have the flu, turn to the section on the cold for information on how to treat the symptoms. Some vaccinations can prevent the flu, but you must be immunized before contracting the illness.

Gastroenteritis (Stomach Flu)

Stomach flu is usually caused by a virus. The symptoms are nausea, vomiting, diarrhea, fever, poor appetite, stomach cramps and chills. The illness usually lasts from 1-5 days. There is no cure for flu, but aspirin will help to relieve pain and to reduce the fever. It is important that you stay in bed and drink plenty of fluids when you have the flu so that you will recover

quickly. To help prevent flu, keep yourself in good health and avoid close contact with people who have the infection. Avoid handling or preparing food for others when you have the symptoms of stomach flu. If you are unable to hold down liquids, if there is any blood or pus in your stool, if you vomit blood, or if you become faint because of severe abdominal pain, see your doctor immediately.

Heart Diseases

The heart is the muscle that pumps blood throughout the body. Usually the heart muscle itself does not become diseased, but some of the valves that lead into the heart can become diseased, causing damage to the heart.

Heart attack is one of the most common types of heart disease. A heart attack occurs when the blood supply to the heart is cut off. A severe heart attack is a real emergency. The person who is having the heart attack should be taken to the hospital as soon as possible, preferably by ambulance. The most common symptoms of heart attack are nausea, clammy skin, difficulty in breathing, pain in the chest that radiates into the left arm and side, and possibly an irregular heartbeat. Many different conditions may contribute to the likelihood of a heart attack: high levels of cholesterol in the blood, high blood pressure, physical inactivity, excessive cigarette smoking, obesity, and constant stress. In order to help prevent heart attacks it is important that people have their blood pressure checked regularly (at least once a year). It may also be important to eat a diet low in fat and cholesterol, to exercise regularly, and to cut down or quit smoking. If you have any chest pain that is not related to breathing, and severe sweating, go to the hospital.

Hemorrhoids (Piles)

Hemorrhoids are enlarged veins around the anus. They may be inside the anus where they cannot be seen or they may be external where they will appear as small, round, purplish growths or tabs of skin around the anal area. Constipation and straining to defecate, pregnancy, and prolonged sitting make hemorrhoids more likely to occur. The symptoms of hemorrhoids are itching and pain in the anal area; sometimes there may be a small amount of bleeding. In mild cases, the best treatment is to avoid straining during defecation, to avoid constipation by eating a high fiber diet, and to take warm baths twice a day. It is important to keep the area clea; special wipes may be helpful (Tucks Personal Wipes). Also, zinc oxide cream applied to the area may soothe the irritation. Anyone who suspects they might have hemorrhoids should see a doctor to rule out the possibility of cancer.

Hepatitis

Hepatitis is an inflamation of the liver. Infectious Hepatitis has a short incubation period and commonly occurs among people who live in crowded areas. Hepatitis is transmitted by the fecal/oral route. This means that when an infected person goes to the bathroom and does not wash his hands, the virus on his hands can be transmitted to other people directly or to objects with which people come in contact. It is important that any infected person take special care about washing his hands after going to the bathroom and about general cleanliness. The disease can take up to four months to heal, so it is very important that the infected person follow his doctor's orders about taking care of himself. The first symptoms of hepatitis are tiredness,

muscle pain, poor appetite, nausea, fever, abdominal pain, sore throat, and possibly a distaste for smoking. Later the skin may turn yellow (jaundice), the urine may become dark, and the stool light. If you think you might have hepatitis, see your doctor, and avoid spreading the disease by washing carefully, eating off your own plate, and sleeping alone. It may be necessary to give medicine (gamma globulin) to people who have had contact with a person who has hepatitis to prevent them from getting it.

Hypertension (High Blood Pressure)

Hypertension is a disease that can be very serious if left untreated. Blood pressure is considered to be high when it exceeds 145/90. Excitement and nervousness can temporarily elevate a person's blood pressure, but this is not generally a problem. It is a problem when the pressure is consistently high. Many things determine a person's likelihood of having hypertension, such as family history of hypertension, obesity, emotional state, and stress. It is important that everyone have his or her blood pressure checked periodically. Hypertension does not only affect adults, it can affect young adults and adolescents as well. Usually there are no symptoms. A person with hypertension will be given medication to control it and may be put on a special salt-free diet. Have your blood pressure checked at least once a year, more often if your doctor recommends it. Smoking and drinking will probably make the condition worse.

Mononucleosis

Mononucleosis is an infection of the lymph system caused by a virus. It occurs most often in people between the ages of 10 and 35, especially when they are living in crowded conditions. It is spread through the air when an infected person coughs or sneezes without covering his mouth. The illness lasts from about two weeks to two months. The symptoms of mononucleosis include tiredness, fever, swollen glands in the neck, sore throat, pain in the upper left quadrant of the abdomen, and occasionally headache, cough, and jaundice. To heal the body of mononucleosis, the infected person should get plenty of rest and follow his doctor's orders. There are no medicines to cure mononucleosis, but rest in bed may relieve some of the symptoms and speed recovery. To prevent infection, avoid close contact with an infected person.

Pneumonia

Pneumonia is an infection of the smallest air passages in the lungs (the alveoli). It is usually caused by bacteria or by a virus. It often follows an upper respiratory infection, especially in older people or in people who do not take care of their health. The symptoms of pneumonia include a sudden onset of chills and fever, pain in the chest, and a cough that may bring up rusty colored mucous. This coughing is important, as it clears the lungs of mucous. If you have these symptoms, see your doctor immediately. He may give you antibiotics to fight the infection. Also, you will need lots of rest in bed, and lots of fluids. Inhaling steam from a vaporizer may help too. It is important to take good care of your body, especially when you have a respiratory infection.

Skin Diseases

There are many different skin diseases which are contagious. This means that when many people live together in a small place, and conditions are not very clean, people may easily catch these diseases. Impetigo is a bacterial infection of the skin and sometimes small crusts can be seen. Careful cleaning and antibiotics or antibiotic creams are usually used to fight the infection. Scabies is a mite infection. Mites are tiny bugs that get under the skin, causing an intense itching, especially at night. To treat scabies, you must destroy all the eggs of the mite by laundering bedding and clothing in very hot water. Kwell Lotion applied to the affected area is also necessary in the treatment of scabies. Lice are tiny bugs which may be seen living at the base of the hair shafts. These bugs cause intense itching; scratching may cause an infection to occur. Kwell Lotion and Kwell Shampoo may be used to rid the body of lice. If you have any of these symptoms, you should see your doctor.

Tuberculosis (T.B.)

Tuberculosis is an infection of the respiratory system caused by bacteria. The bacteria form hard lumps in the chest which get bigger if left untreated, and then the infection spreads to other parts of the body. The symptoms of T.B. are tiredness, loss of appetite, loss of weight, fever in the afternoon, cough, pain in the chest, and night sweats. Doctors can do skin tests and chest X-rays to detect T.B. in its early stages. To heal the body of T.B., rest in bed may be necessary. Antibiotics must be taken for several months. You should have a skin test for T.B. once and it should be repeated if you are exposed to someone with T.B. Sometimes medicine for family members is given to protect them from getting the disease.

Ulcers

Ulcers are small holes in the mucosal tissue of the stomach or upper part of the small intestine (duodenum). Over-secretion of acid in the stomach, emotional stress and tension produce or aggravate ulcers. The main symptom of an ulcer is a gnawing pain in the stomach which is strongest 1-4 hours after eating. This pain is relieved by eating, drinking milk or taking antacids and other special medications. It may be made worse by alcohol or spicy foods. Sometimes the pain feels like a hunger pain. The pain may radiate to the shoulder or the back. To treat an ulcer, doctors may prescribe one or two weeks of bed rest, a bland diet given at small, frequent meals, and antacids. A person with an ulcer may need to avoid tobacco, alcohol, aspirin, coffee, tea, carbonated beverages and/or spicy foods. Avoiding extreme stress is important in treating and in preventing ulcers. If you think that you might have an ulcer, see your doctor.

Urinary Tract Infection

Urinary infections are caused by bacteria, usually bacteria from the intestines. The infection usually involves the bladder, the tubes leading to the bladder and kidneys, and sometimes the kidneys themselves. The symptoms are pain on urination, a desire to urinate more often than usual, a feeling that you need to urinate sometimes when you can't, and sometimes chills and fever, backache, and occassionally nausea and bloody urine. Urinary infections must be treated with antibiotics. Your doctor will do a urine test

to determine which type of antibiotic will work best for you. Drinking plenty of fluids and getting enough rest are also important aspects of the treatment of a urinary infection. Sometimes an obstruction will cause the infection. Most often it comes from other causes, possibly improper cleansing habits, not urinating when you need to, and not drinking enough fluids. Putting off treatment can lead to permanent kidney damage.

Vaginal Infections

Many organisms normally live in the vagina. When healthy, the vagina is in a balance that can control the growth of these organisms. If something — such as birth control pills, douching, or the use of antibiotics-- upsets the natural balance of the vagina, some of these organisms begin to multiply too rapidly. Then the woman will experience a vaginal discharge, itching, pain during intercourse, and burning during urination. The most common organisms that grow excessively in women are monilla (yeast). trichomonas, and hemophilus. In order to determine which organism needs to be controlled, the doctor will take a small sample or smear of the discharge from the woman's vagina. This procedure does not hurt. He will then decide which type of treatment will be best for the infection. Monilla can be treated with a mild vinegar douche, or with vaginal suppositories. Trichomonas is usually treated with a pill containing chemicals to kill the organisms. Hemophilus is usually treated with antibiotic creams or antibiotics. To prevent vaginal infections, wear cotton underwear, avoid the use of commercial douches, limit your sugar intake, always wipe yourself from the front to the rear after a bowel movement, and keep the genital area clean and dry.

The Contagious Diseases of Childhood

Thanks to immunization, most of the familiar contagious diseases of childhood pose little danger nowadays. These include Diphtheria, Whooping Cough, Tetanus, Polio, Measles, Mumps and Rubella (German Measles). In order to be protected against these diseases, all children must begin receiving immunization starting at 2 months of age. (For more information, see "Immunization," page 38 .)

There are still a few diseases of childhood which children can predictably get, especially during the school years, when they are exposed to many other children. These diseases require proper medical and home treatment to ensure a good recovery. Immunization is not available for these diseases.

Chicken Pox is a typical childhood disease which lasts up to 2 weeks. Symptoms include fever, general "sick" feeling, headache, loss of appetite and an itchy rash. The rash goes through four phases: pink spots which become little pimples, then blisters, which eventually form a scab and heal. The rash is very irritating and it is important to prevent the child from scratching as much as possible. Keep his fingernails short and clean to reduce danger of infection. Some scarring of the skin may result from picking and scratching off the scabs before they heal. Other treatment includes bedrest, liquids, soothing lotion for the skin. Children who have chicken pox are infectious to other children until the last blisters have dried and healed. Most cases of chicken pox can be treated at home, but should be seen at the beginning of the disease by a doctor, for proper diagnosis and to prevent more serious skin infection.

Scarlet Fever consists of a streptococcal sore throat with a rash. It is highly contagious. Symptoms include headache, fever, rapid pulse, a rash which appears 1-2 days after the fever, thirst, vomiting, swollen lymph glands, and delirium. Tongue and throat are usually red, and the throat will be sore.

All cases should be seen by a doctor for proper diagnosis, and to avoid more serious complications of pneumonia and kidney infection. This disease has been successfully treated by antibiotics, obtained by a doctor's prescription. Home treatment includes bedrest, liquids, drugs (by prescription) to relieve pain, and warm salt water mouth rinse.

There are a wide variety of other ailments which children can get, which should be seen by a doctor. A good general guide is:

> If your child deviates from his normal behavior and you suspect he may be ill, consult your doctor.
>
> For infants and small children, if your child has a fever higher than 101 degrees by rectum, consult your doctor.
>
> For children, if your child has a fever higher than 101 degrees by mouth, consult your doctor.
>
> For both infants and children, if your child has any fever higher than the average normal temperature of 98.6 which lasts longer than a few days, even if he has no other symptoms, consult your doctor.

It is always better to seek qualified medical advice, to be safe.

MEDICATION

How to get medicines

There are two ways that you can get medication when you are sick. Drugs that you buy from shelves at a drugstore are called "over-the-counter" drugs. Anyone can buy these drugs at any time. These are the kinds of medicines you would buy if you wanted to treat a simple symptom like a headache, a runny nose, or a mild cough.

Some medicines are so strong that you must take them only as a doctor directs. If the doctor wants you to take a strong medicine he will give you a slip of paper called a prescription which you must take to a pharmacist in order to get your medicine. These medicines are called prescription medicines. Most drugstores have a pharmacy where you can have your prescription filled. To have it filled, you must take the paper from your doctor to the person working behind the counter. You will have to wait for a few minutes to get your medicine; the pharmacist will call your name when it is ready.

Most prescription medicines and some over-the-counter drugs come in "child-proof containers." This means that the bottles of medicine must be opened in a special way; this way children cannot get into them accidentally. To open some bottles you must press down hard on the cap while you are turning the bottle. For other bottles you must line up two arrows (one on the cap and one on the bottle) before you will be able to get the cap off. When you get your bottle of medicine, ask the pharmacist or the cashier how to open the bottle (English: "How do I open this?") Always keep your medicines in a place where children cannot reach them. If the medicine is for your child, always be there when he or she is taking it.

A woman who is pregnant should not take any medication unless her doctor tells her to do so. This includes over-the-counter drugs. If she has a symptom, she should talk to her doctor before using medication to treat it. If a doctor prescribes medication, she should make certain that he knows she is pregnant.

Also, people with certain health problems such as high blood pressure, diabetes, glaucoma, heart or thyroid disease should not use certain types of medications. If you have one of these health problems, talk to your doctor before using over-the-counter drugs.

Forms of Medicine

Drugs come in many different forms. It is important that you understand how different medicines are used. If you do not understand how to use a drug, don't use it until you have asked someone about it. Below is a list of the forms that medicine comes in and an explanation of how each is used.

Capsules
Tablets

These are pills which are taken by mouth; Capsules are swallowed with plenty of water; Sometimes tablets are chewed.

Liquids
Syrups

These are taken by mouth.
Some liquids must be diluted with water;
Syrups are usually taken full strength.

Mouthwashes

These are swished around in the mouth, but are not swalowed; you must spit them out. They are used to relieve pain or to cleanse.

Antiseptics

These are used to wash cuts or sores on the skin. They are not to be used in the mouth or to be taken internally.

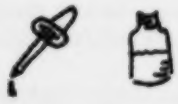
Inhalants

These are to be inhaled, usually through the nose; they help to clear the lungs or airways; They are not to be swallowed.

Nasal Sprays

These are sprayed into the nose.
They help to clear a stuffy head;
They are not to be taken by mouth.

Drops



These come in a bottle with a dropper;
They are used in the eyes, ears, or nose.
Do not touch the dropper to any surface.

Suppositories

These are inserted in the rectum or vagina. They are used to relieve pain or to heal infections. They may be covered with foil or paper which will need to be removed before insertion.

Ointments and Creams

These are spread on the skin; they are used to relieve pain or to heal sores and infections.

Injections

Doctors give injections of certain medicines and vaccines. A hollow needle is inserted into the arm or hip and the medicine goes into the body through the needle.

OVER-THE-COUNTER DRUGS

You should not always reach for some medicine when you don't feel well. Sometimes ads or commercials for over-the-counter medicines may persuade you to take medicines, although you will do as well to let time and your body do the healing. Many medicines relieve symptoms without curing the illness. In general, if you have any symptom which lasts for more than two weeks, see a doctor. Don't try to treat yourself if the symptom is serious.

Sometimes you may feel that you are not sick enough to see a doctor, but you want some medicine that will help you feel better. You may have a cold, or a headache, or diarrhea and want some relief. Here is what you should know when buying over-the-counter drugs. Every drug label has the following information:

--The name of the product

--A list of what is in the medicine called "Active Ingredients"

--Directions for safe use

--A Caution or Warning that tells you what side effects may occur and which people should not take the drug at all

It is important that you take any medicine only as directed on the product. If you don't understand how to use the medicine, ask someone to help. (See section on Reading Directions.)

On television and in magazines many types of medicine are advertised. Sometimes the advertiser will say that their product is better than all the rest, but this is not always true. Just because a medicine costs more money does not mean it is better for you. If the Active Ingredients in two products are exactly the same, buy the cheaper one; it will work just as well as the more expensive one. There are hundreds of brand name products on the market. The chart on the next page lists common symptoms, the kind of medicine you might take to relieve that symptom, and examples of that type of medicine (brand names).

REMEMBER:

--Don't use a medicine unless you need it.
--If a symptom lasts for a long time, see your doctor.
--If you have high blood pressure, glaucoma, diabetes, heart or liver disease, or any other chronic condition, you should not take certain types of medicine without consulting your doctor.

OVER-THE-COUNTER DRUGS

SYMPTOM	INGREDIENT TO LOOK FOR	SOME BRAND NAMES
Allergy	chlorpheniramine	Chlor-Trimetron
Cold Congestion	pseudophedrine	Sudafed
Constipation	psyllium hydrophilic mucilloid	Metamucil
Cough	glyceryl guaiacolate	Robitussin 2 G
Diarrhea	kaolin	Kaopectate
Eye Irritation	methylcellulose drops	Tearisol Visculose
Fever	aspirin acetaminophen	Bayer Datril
Headache	aspirin acetaminophen	Bayer Datril
Itching	calamine	Calamine Lotion Caladryl Lotion
Motion Sickness	dimenhydrinate	Dramamine
Nasal Congestion	phenylephrine	Neo-Synephrine
Nausea	phosphorated carbohydrate solution dimenhydrinate	Emetrol Dramamine
Pain	aspirin acetaminophen	SL Certified, Bayer SL Certified, Datril
Poisoning	ipecac	Syrup of Ipecac
Skin Fungus (Athlete's Foot)	tolnaftate	Tinactin Desenex
Stomachache	magnesium hydroxide aluminum hydroxide	Maalox Gelusil Liquid
Wounds	3% hydrogen peroxide	Hydrogen Peroxide

READING DIRECTIONS ON DRUG LABELS

When the doctor gives you a prescription for medicine and you have it filled at a pharmacy, the medicine you receive will have the following information on it:

--The name of the pharmacy where it was bought, its address, phone number

--The prescription number

--Your doctor's name

--The date the medicine was bought

--Your name

--Directions for taking the medicine (see below)

--The name of the medicine and the amount in each dose

--The price of the medicine

If you need to have the prescription refilled, you must call the pharmacy where you bought the medicine, give the prescription number, your doctor's name, and your name. Some prescriptions cannot be refilled without your doctor's permission. If you go to the pharmacy to have your prescription refilled, take the original bottle with you.

Most prescriptions and over-the-counter drugs have directions that take one of the following forms:

Take____ tablets/capsules every____ hours.

Take ___ tablets/capsules ____ times a day.

Take ___ tablets/capsules ____ times a day until all are taken.

Take ___ tablets/capsules before each meal.

Take ___ tablets/capsules in the morning and at bedtime.

Take ___ tablets/capsules every ___ hours as needed for pain.

WARNINGS

Because drugs can be very dangerous if they are not used properly, here are some things to remember when buying or using medications.

Don't take any drug unless you have to.

Don't use any drugs for a long time without the supervision of a doctor.

Always follow the directions on the label.

If you have an allergy or chronic illness, check with your doctor before taking any over-the-counter drugs.

If you are pregnant, don't use any drugs without consulting a doctor.

If you think you are experiencing a side effect from any drug you are using (such as nausea, dizziness, headache, blurred vision, rash), stop using the drug and see your doctor.

Avoid alcohol when you are taking any drug, unless your doctor says it is alright for you to drink.

If you are no longer using a drug, flush the rest of the medicine down the toilet and rinse the container.

Store all drugs out of the reach of children.

Never give medicine to someone else if it was prescribed for you.

Never give or take medicine from an unlabeled bottle and never take medicine when you don't know what it is.

Don't take several drugs at one time without consulting a doctor.

Avoid buying flavored children's drugs; children can mistake them for candy and take them without your supervision.

If you are taking antibiotics, be sure to take the entire amount prescribed; otherwise, the infection being treated might recur.

HOME MEDICAL SUPPLIES

Medical and first aid supplies should be kept where they can be gotten quickly, especially in an emergency. The contents should be arranged so that each material can be found quickly and easily. The contents must be kept clean. Bandages should be kept in their wrappings until used.

For First Aid

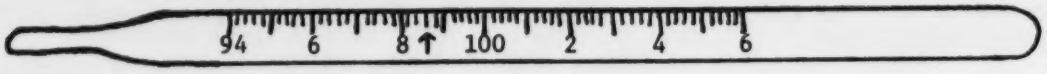
a few rolls	sterile bandage, assorted sizes	To cover cuts and wounds
a few packages	sterile gauze pads	To cover cuts and wounds
a few rolls	adhesive tape, assorted sizes	To secure bandages
1 roll	sterile cotton	To pad small wounds
1 box	band-aids	To cover small cuts and wounds
1 pair	scissors	To cut bandages and tape
1	sharp pointed tweezers	To remove small splinters
1	dull pointed needle	To remove small splinters
1 box	cotton swabs	To remove dirt, foreign material from eye, ear
a few	safety pins	To secure large bandages
1	ice bag	To soothe wounds, burns, swelling
1 container	antiseptic lotion	To clean and soothe small cuts, burns, abrasions
1 bottle	Iodine	To prevent infection in small wounds

For Treating Minor Illness at Home

1 bottle	aspirin	To relieve minor aches and pains
1	oral thermometer	To take patient's body temperature by mouth
1 bottle	rubbing alcohol	To sterilize thermometer before & after use
1 bottle	Syrup of Ipecac	To induce vomiting (do not use in poioning cases without medical advice.)
1	rectal thermometer	To take child's body temperature by rectum

The Thermometer -- Taking a Temperature

Knowing body temperature is important in deciding whether or not a person is ill. Adults and children usually have their temperatures taken with an oral thermometer. This is a thermometer:



A silver or red band of mercury runs from the bulb past the bubble. The mercury on this thermometer shows a temperature of 98.6 degrees Fahrenheit. This is about the average oral temperature of healthy adults. However, oral temperatures of healthy adults vary from one degree above 98.6 to one degree below. Thus, the normal temperature range is from 97.6 to 99.6. Different people have slightly different normal temperatures and everyone's temperature changes during the day as a result of activity, the weather, and other things. A person who has a temperature above 99.6 degrees F. has a fever.

You can buy a thermometer at any drugstore for about $5.00. If the thermometer is not clean, there is a high risk of spreading diseases to other patients. Clean the thermometer before you use it if you are not sure if it is clean. Always clean the thermometer immediately after you use it. To clean the thermometer:

1. Always hold the top end of the thermometer, never hold the bulb end.
2. Use soap and cool water on a clean tissue to wash the thermometer.
3. Always rub from the top end to the bulb end.
4. With the wet, soapy tissue, rub the thermometer firmly and twist it slightly so that you can get all the dirt out of the grooves. Then throw the tissue away.
5. Rinse the thermometer with a clean, wet tissue, using the same downward motion. Then throw the tissue away.
6. Soak the thermometer in rubbing alcohol for 10 minutes. Then dry it with a clean tissue, using a downward motion, and throw the tissue away.
7. Store the thermometer in the case it came in, away from children.

After you clean the thermometer and before you use it, you must shake it down so that you get an accurate reading. To do this, stand away from anything hard, hold the thermometer at the top end and shake it with a firm snapping motion of the wrist. Do this until the thermometer reads below 96 degrees. If you shake the thermometer over a bed, you won't break it if you drop it.

To take the temperature, place the thermometer under the tongue. It should be a little to one side and against the back of the underside of the tongue. Tell the patient to keep his or her lips closed, to breathe through the nose, and not to bite down or talk. Leave the thermometer in the mouth for 7 minutes. Remove the thermometer and wipe it with a tissue, toward the bulb. To read the thermometer, turn it slowly until you see the scale markings on top and the numbers on the bottom. Then you will see a wide band of mercury. Since the mercury is sometimes hard to see, turn the thermometer very slowly. When you have read the thermometer, clean it, and put it away.

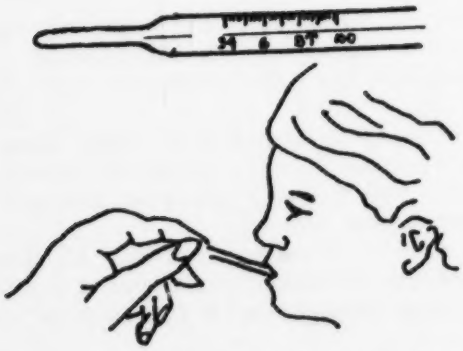
Babies and small children (under age 6) cannot hold a thermometer in their mouths, so their temperature must be taken with a rectal thermometer. This is a special thermometer with a blunt bulb end. Never use an oral thermometer to take a rectal temperature. After cleaning the thermometer, squeeze a small amount of petroleum jelly or other lubricant on a gauze square or on a tissue. Rest the bulb end of the thermometer on the lubricant and put it aside while you prepare the patient. The baby or child should lie on its stomach across the lap or on a bed. It is important that the child lie still. Hold the child so that he or she cannot move. Then, spread the buttocks with your hand. Gently insert the lubricated thermometer about one inch (this far ----------) into the anal opening. Hold the thermometer in place for 2 to 4 minutes. After this time, remove the thermometer and wipe it from the top to the bulb end with a tissue. Read the thermometer as you would an oral temperature. The normal range for a rectal temperature is from 98.6 to 100.6 degrees. Wash the thermometer and store.

TAKING YOUR CHILD'S TEMPERATURE

IMPORTANT:

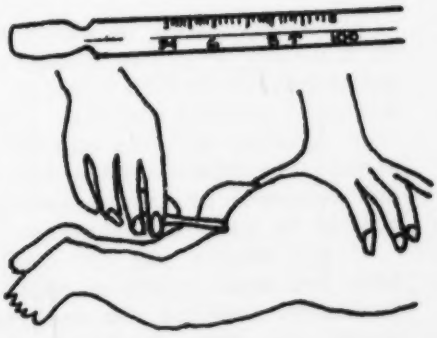
First, shake thermometer down below 98.6°. Child should not drink hot or cold liquids for several minutes before temperature is taken.

BY MOUTH



1. Place long, silver tip of thermometer under child's tongue.
2. Have child close lips gently, being careful not to bite thermometer.
3. Hold thermometer under tongue for two minutes.
4. Remove thermometer.
5. Read degree of temperature (exactly where the mercury stops).

BY RECTUM



1. Lubricate silver end of thermometer.
2. Spread buttocks so that the rectum can be easily seen.
3. Insert thermometer gently until silver tip can no longer be seen, then hold in place for 2 minutes.
4. Remove thermometer.
5. Read degree of temperature (exactly where the mercury stops).

For a child under the age of six, take the temperature using the rectal method. For a child over the age of six, take the temperature by mouth.

IMMUNIZATION

Every child and every family should have the lifesaving protection of immunization-- sometimes called vaccination. From early infancy, immunization guards against dangerous infectious diseases, keeping our communities free from epidemics, and preventing the most serious diseases: diphtheria, tetanus, whooping cough, measles, mumps, polio, and German measles. Especially in cities where many people live within a small area, everyone should make sure he or she has the necessary immunization.

In the past, before the discovery of vaccinations, these highly contagious diseases caused widespread death and permanent damage to those without the protection of immunization. Smallpox, formerly a dreaded disease, which claimed many lives in widespread epidemics, has now been eradicated through a worldwide vaccination effort. Polio killed and paralyzed many children as recently as the 1950's, but no longer presents a serious threat, due to the discovery of the polio vaccine, and the routine vaccination of all children before they reach school-age.

How to Obtain Immunization

Immunization is given through a series of injections and oral vaccines by a doctor or other qualified health worker. Local health clinics and other public health agencies offer this service for free or at low cost; doctors' offices usually charge a regular fee.

Because infants and children are especially vulnerable to these diseases, the immunization series is usually started in very early childhood and followed by the necessary boosters until age 6. All children are required to have immunization before they may enter school.

All adults may not need the complete series of immunizations, if they have had some previous contact with the disease and have developed a natural immunity. Adults who need immunization should consult a doctor to find out which ones they should receive.

The following Immunization Guide shows recommended ages for each type of immunization and the diseases they prevent. Keep a record of immunizations received by each family member and have it available for visiting your doctor, health department, and for your child's school health records.

IMMUNIZATION	DOSES	BOOSTERS	DISEASES PREVENTED
DTP (Diphtheria Tetanus Pertussis)	1st dose at 2 months of age 2nd dose at 4 months 3rd dose at 6 months	1st booster at 15-18 months of age 2nd booster at 6 years	Diphtheria -- contagious, can kill adults and children; infects upper respiratory tract, produces poison which attacks heart and nerves. Tetanus (also called Lockjaw) -- causes pain and contraction of muscles, including those used in breathing; can be fatal in 70% of cases; caused by germs present in the soil, street dust, and animal manure, which enter a wound. Adults must be re-immunized once every 10 years. Whooping Cough (also called Pertussis) -- infect lungs, severe cough, can lead to suffocation, can cause pneumonia, brain damage. All doses and boosters must be taken for effective immunization.
Oral Polio		1st booster at 15-18 months of age 2nd booster at 6 years	Polio (also called Infanile Paralysis) -- kills and cripples adults and children. There are 3 types of polio, all prevented by the same vaccine. All doses and boosters must be taken for effective immunization.
MMR (Measles Mumps Rubella)	One dose at 15 months of age	No booster needed	Measles -- serious, sometimes fatal, can cause complications (pneumonia, deafness, mental retardation); symptoms resemble a cold; dark red blotchy rash on face and body. Only one dose needed for effective immunization; must be taken after 1 year of age. Mumps -- causes fever and swelling of glands in neck; dangerous for girls and boys past puberty -- can cause problems to central nervous system, and sterility in males. Rubella (also called German Measles) -- mild childhood disease. Children are immunized to prevent the spread of this disease to pregnant woman; can cause birth defects and deformity in fetus.
Diphtheria Tetanus	Taken again at 16 years of age	every 10 years for adults	Tetanus -- description above. Most adults need re-immunization once every 10 years, and every 5 years for those who work on a farm or with sharp tools.

INTRODUCTION

Because sex is such an intimate subject, people often have trouble talking about and dealing with it. For this reason, many people might not feel quite right about reading this section on sexuality. We believe that it is important for a person to know his or her body and to understand how it works so that he or she can keep it healthy and functioning properly. Sexuality is a part of every person and we want people to have access to information regarding sexuality so that they can stay healthy and function well. We have included sections on some subjects which are not openly talked about, but we believe that people should have this information if and when they need it.

BIRTH CONTROL

Each month the woman's ovary releases one egg. When a man and woman have intercourse and the man ejaculates, millions of sperm are released into the vagina, yet it takes only one sperm to fertilize the egg. Although a woman is most likely to become pregnant at the middle of her menstrual cycle (14 days before her next period is due), she can ovulate and become pregnant at any time during her cycle. If a woman does not want to get pregnant she should use some method of birth control at all times.

There are many different methods of birth control. When a woman has had as many children as she wants, either she or her husband may be sterilized. When a woman is sterilized, a section of each of her fallopian tubes is removed and the ends are tied off. This is generally done through an incision in the abdomen. This procedure is called a tubal ligation. When this is done the sperm cannot reach the egg. Often this procedure is done immediately after childbirth; it must be done in a hospital. When a man is sterilized it is called a vasectomy. A vasectomy can be done in a doctor's office; for this reason it is less expensive than a tubal ligation. To do a vasectomy the doctor makes two tiny incisions in the scrotum, locates the two vas deferens (the tubes that carry the sperm from the testes to the penis), removes a piece of each, and ties off the ends. Both methods of sterilization leaves the genital system intact. Sterilization will not affect a person's ability to respond sexually.

Birth control pills (the Pill) prevents pregnancy by inhibiting the development of the egg in the ovary. If the egg does not develop, it cannot be fertilized. A woman who is on the Pill must take a pill every day for three weeks out of the month. During the week that she is not taking the pill, she will have her menstrual period. Although the birth control pill is a very effective method of preventing pregnancy, it can be harmful to a woman. Women who suffer from high blood pressure, heart or liver disease, migraine headaches, or depression should not take birth control pills. Some women experience unpleasant side effects when they are on the Pill; these include nausea, frequent vaginal infections, weight gain, depression, and skin problems. If a woman who is on the Pill experiences any of these symptoms, she should see her doctor.

The IUD (intrauterine device)is a small plastic device which comes in differing sizes and shapes. The IUD is placed in the uterus by a doctor or trained nurse. A string is attached to the IUD and hangs through the cervix into the vagina. An IUD prevents pregnancy by making it hard for the egg to implant in the uterus. Although the IUD is relatively effective, it can cause problems in some women. Some women develop infections in their uterus or

their fallopian tubes. Sometimes the IUD is expelled. Many women have heavy bleeding and cramping during their periods when they have an IUD. If a woman with an IUD experiences abdominal pain or cramping between periods, or cannot locate the string of her IUD in her vagina, she should see a doctor immediately.

The diaphragm, which must always be used with spermicidal cream or jelly, is made of soft rubber in the shape of a shallow cup. It has a flexible metal spring rim; when fitted properly it fits right over the cervix, behind the pubic bone and reaching back behind the cervix. When the diaphragm is in place, holding spermicidal cream or jelly up to the cervix, the sperm cannot make it up into the cervical canal. Although the diaphragm is not as effective as the pill, it will not harm the woman in any way.

The condom is a sheath of thin, strong rubber which fits over the man's penis during intercourse. When the man ejaculates, the semen is caught in the tip of the condom; therefore the sperm cannot reach the egg. The condom must be unrolled onto the erect penis before intercourse, leaving enough space at the end to catch the semen. After ejaculation, the penis must be withdrawn from the vagina immediately while holding the condom so that it does not slip off the penis.

When contraceptive foam is placed in the vagina just outside the cervix before intercourse, the foam keeps the sperm from entering the cervix, and kills them as well. Using foam alone is not a very effective contraceptive method. Using it with a condom provides excellent protection against pregnancy.

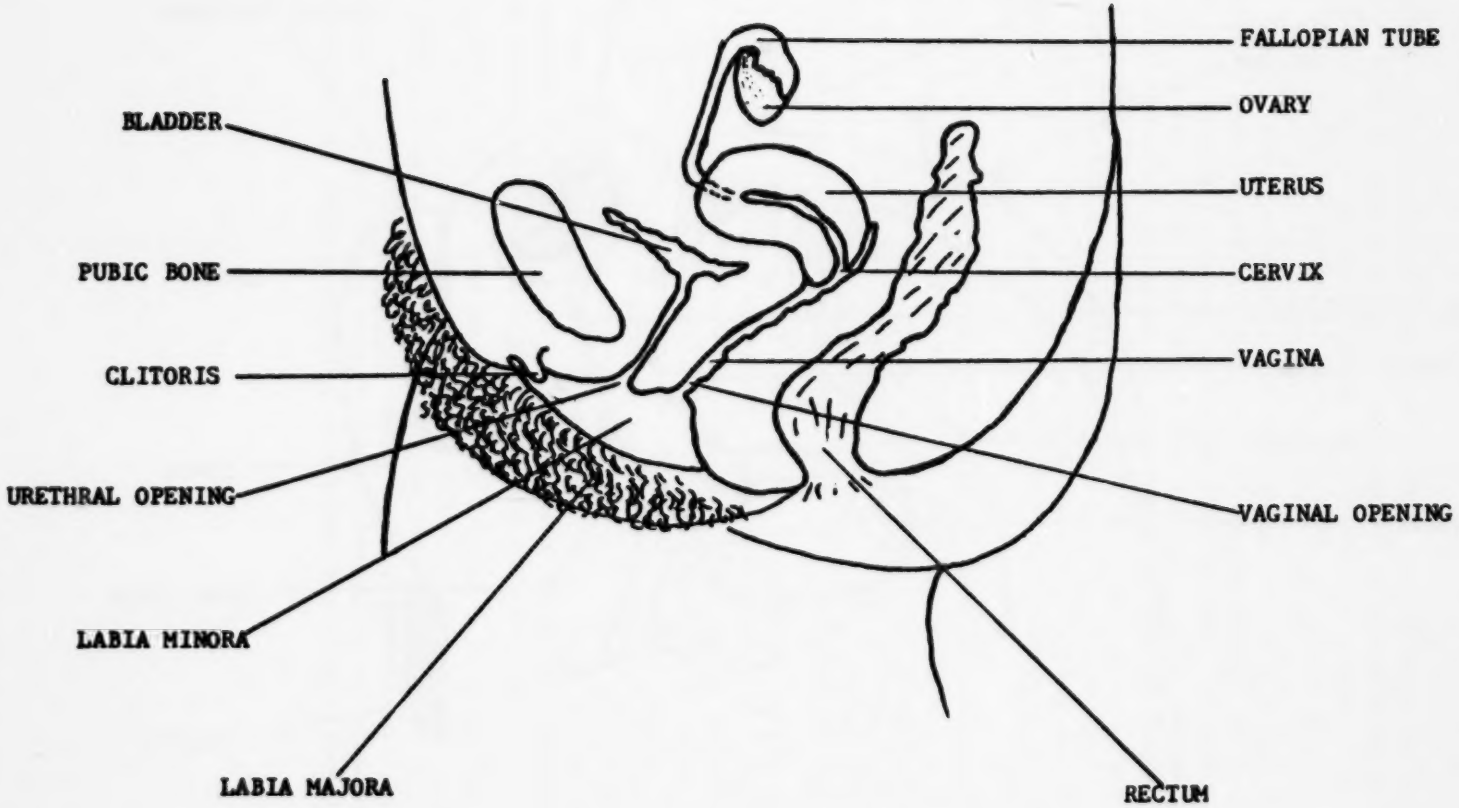
The methods of Natural Family Planning depend on a woman's recognition of the bodily signs which indicate to her whether she is in a fertile or unfertile phase of her menstrual cycle. During her fertile (unsafe) time she must abstain from all penis-vagina contact or use a method of birth control such as the diaphragm or foam and condoms. The fertile time is six days long, but two days are added on to each end of that time so that there are ten days that are unsafe. There are three different methods of determining the fertile time: by examining the cervical mucus, by awareness of changes in basal body temperature, and by use of the calendar. These natural methods are not very reliable. If a woman absolutely does not want to get pregnant, she should not rely on this method alone.

BIRTH CONTROL METHODS

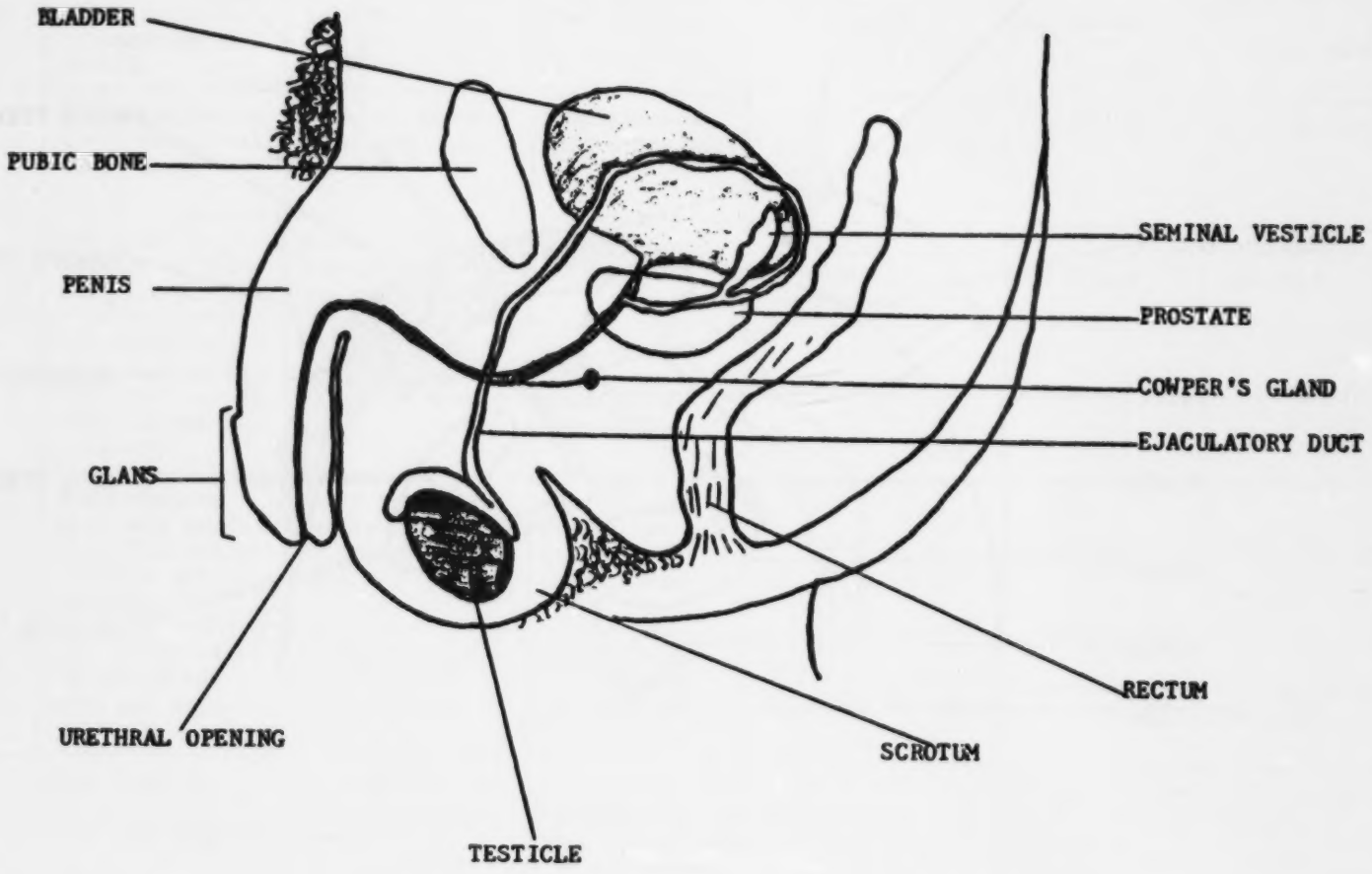
*(Effectiveness and Cost estimates obtained from Planned Parenthood)

METHOD	*EFFECTIVENESS	ADVANTAGES	DISADVANTAGES	SIDE EFFECTS	AVAILABILITY	*COST
STERILIZATION	Virtually 100% effective -- no pregnancies will result	Does not interfere with the sex act	Some surgical risk involved	None	See Doctor	Male: $50-$150 Female: Varies
"THE PILL"	98% effective -- 2 out of 100 will become pregnant	Does not interfere with the sex act	Must take the pill every day	Vaginal infection Headache, nausea Depression Some health risks	See Doctor	$2 3 months
"IUD"	97% effective -- 2-4 out of 100 will get pregnant	Does not interfere with the sex act	Heavy periods Cramping	Infection Expulsion Perforation	See Doctor	$20-$50 for insertion
DIAPHRAGM	95% effective when used properly: 3-5 out of 100 will get pregnant.	No health risks involved. Use only when needed	Must be used every time intercourse takes place	None	See Doctor	$2-$4/month
CONDOM	95% effective when used properly: 3-5 out of 100 will get pregnant	Helps prevent VD Easily available No health risks involved	Must be used every time intercourse takes place	None	Drugstore	25¢- 35¢/ Condom
CONTRACEPTIVE FOAM	82% effective -- 18 out of 100 will get pregnant	Easily available Easy to use Use only when needed	Must be used every time intercourse takes place	May be irritating to penis or vagina	Drugstore	$2 - $4/month
RHYTHM	60% effective -- 14-40 out of 100 will get pregnant	No mechanical or chemical device needed	Couple must abstain from sex during "unsafe" time	None	Thermometer can be gotten at a drugstore	$5 for a thermometer

FEMALE SEX ORGANS



MALE SEX ORGANS



The Menstrual Cycle

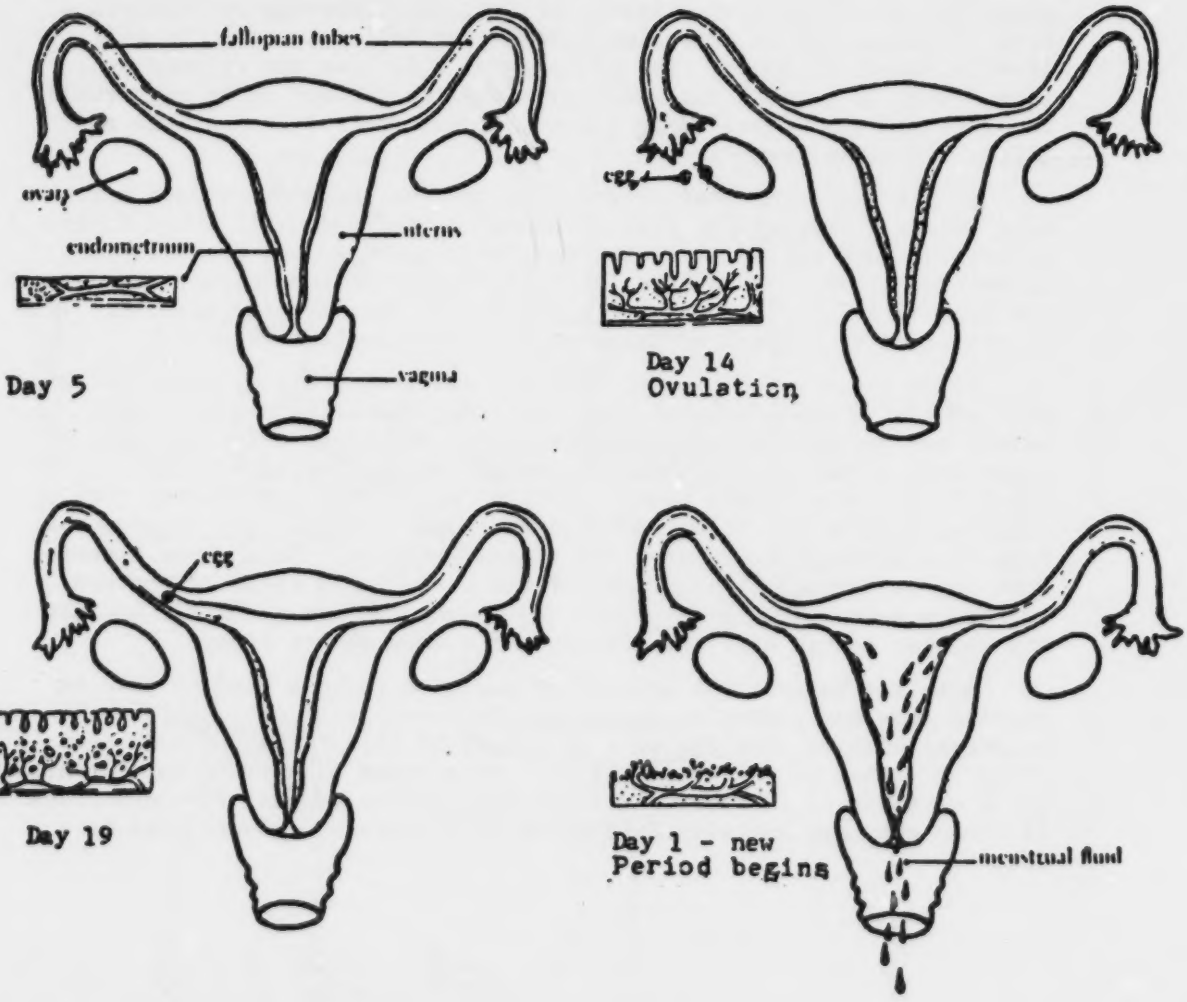
Women's menstrual cycles vary from about 21 to 35 days in length. The day that a woman begins her menstrual period is considered to be day 1 of the menstrual cycle. Hormones are chemicals produced by the ovaries which regulate a woman's cycle, and also influence her sex drive. On the first day of the menstrual cycle, hormone levels are very low. Soon after, at about day 7, a hormone called estrogen is produced which leads to certain changes: the endometrium, or lining of the uterus builds up to accomodate a fertilized egg. At about the middle of the cycle, or 14 days before the next menstrual period begins, one of the ovaries releases an egg. Once the egg is released from the ovary and is traveling through the fallopian tube, it will live for about 24 hours. The man's sperm will live for as long as five days. If a woman has sexual intercourse without using any method of birth control 9 to 17 days before her next period is due, she is likely to become pregnant.

If the egg is not fertilized, the ovaries begin to produce a hormone called progesterone. This hormone is produced until about 7 days before the next period is due. Then, both estrogen and progesterone production stops. Seven days later the lining of the uterus, which has been building up to receive a fertilized egg, is sloughed off. This is the bleeding a woman experiences with her menstrual period.

It is these two hormones, estrogen and progesterone, which influence many of a woman's bodily and emotional characteristics. Right before her period begins, certain changes take place which may make a woman feel uncomfortable. She may retain water, making her feel bloated, her breasts may become swollen and tender, and she may feel somewhat irritable. This condition is called premenstrual tension and usually disappears soon after the bleeding begins. Some women experience cramps during the first day of the period. If these cramps are severe, a doctor should be consulted. Women who are generally healthy and who get enough exercise usually won't have severe cramps.

Sometime between the ages of 40 and 55 a woman's ovaries stop releasing eggs and producing estrogen. The woman will no longer have menstrual periods, and she will no longer be able to conceive or bear children. This is called menopause. Some women experience hot flashes and a decrease of moisture and elasticity of the vagina after menopause. If these symptoms are very disturbing to a woman she should consult a doctor.

THE MENSTRUAL CYCLE



Ovulation -- The Egg

At birth, the ovaries of a female contain many immature eggs. About 300 to 500 of these eggs will develop into mature eggs. During the childbearing years--from about age 12 to age 50--each month one egg is released from the ovary. This takes place about 14 days before the next menstrual period is due. This is the time when a woman is most likely to become pregnant if she engages in unprotected sexual intercourse. During the first half of the menstrual cycle the uterus has been building up a lining of blood and nutrients (the endometrium) which will accomodate the fertilized egg.

Sperm

Sperm are made in the man's testicles. Sexual stimulation makes blood flow into the penis causing it to become hard and erect. A few sperm can come out in the drops of fluid that come from the penis soon after the erection occurs. Continued sexual stimulation can cause the man to have an orgasm. As his orgasm begins the sperm travel up the sperm ducts into the urethra. Here the sperm are picked up by the seminal fluid and are propelled out of the urethra by rhythmic contraction. This is called ejaculation.

About 300-500 million sperm come out in one ejaculation. So many will die on the trip to the egg that this many are needed to ensure that reproduction can occur. The sperm come out fast and head straight for the entrance to the uterus. A sperm can reach an egg in as little as 30 minutes. Sperm which stay in the vagina die in about 8 hours; those which enter the uterus can live as long as five days.

Conception

During sexual intercourse, sperm are ejaculated through the man's penis into the woman's vagina. If uninterupted, some of the sperm swim through the cervical opening, through the woman's uterus, and into the fallopian tubes. It is possible for sperm that have been deposited on the outer lips of the vagina to reach the egg. So, even if penetration does not occur, conception may take place. If the sperm encounter the egg in the outer third of the fallopian tube, one sperm may penetrate the egg. The process of a sperm and an egg uniting like this is called conception, or fertilization. The fertilized egg then takes around 4 days to travel down the fallopian tube to the uterus where, after 1½ to 2 days, it implants in the uterine lining and begins to develop into a baby.

Determining if you are pregnant

Usually a woman first suspects that she is pregnant when she misses a menstrual period. Other signs that quickly follow are: Morning sickness, breast enlargement, the urge to urinate frequently, and a swelling of the abdomen. It is at this point that a woman should have a pregnancy test done -- at least 41 days after the beginning of her last menstrual period.

A simple urine test can be done at a doctor's office, a family planning agency, or a women's health clinic. To collect a sample of urine for the test: Drink no liquid after dinner the night before, then, as soon as you wake up in the morning, collect about a half a cupful of urine in a clean, dry, soap-free container. Cover it and keep it refrigerated until you take it to be tested. If the test is positive, you should go to a doctor and have a pelvic exam in order to verify the pregnancy.

Abortion

Sometimes birth control methods fail and a woman learns that she is pregnant. She may feel that she cannot afford another baby, that her family is already too large, that in some way she could not cope with another child at that time. Today when this happens many women decide that they do not want to continue the pregnancy. The process of interrupting the pregnancy is called abortion. There are many reasons why a woman might want to have an abortion, yet it may be hard for her to decide whether or not she will go through with having one. Sometimes her friends or family want her to continue the pregnancy, and for some women, abortion does not seem morally right. It must be up to the woman to decide if she will have an abortion.

If a woman decides to have an abortion, she should see her doctor as soon as possible. Most abortions are done 7 - 12 weeks after the date of the last menstrual period, so if a woman wants an abortion she will have to take care of it soon after she discovers that she is pregnant.

The most common method of abortion is called a dilation and evacuation (D & E), or vacuum suction. The woman's cervical opening is dilated (stretched) until the tip of a tube can be passed up into the uterus. The tube is attached to a vacuum aspirator or pump. The suction of the aspirator frees the fetal tissue from the uterine wall and pulls it through the tube and out of the body into a small container. This type of abortion can be done at a doctor's office or a clinic. However, it must be done before the 12th week of the pregnancy.

Other types of abortion include the dilation and curettage (D & C) and the saline (prostaglandin) abortion. The saline abortion is done between the 12th and 24th weeks of pregnancy; because it is done later in the pregnancy, it involves more risks to the mother and requires hospitalization.

Adoption

If a woman feels that she cannot afford to keep her baby, but does not want to have an abortion, she has the option of giving the child up for adoption. Several different agencies handle these procedures in a positive manner. Your doctor or your sponsor may be able to put you in touch with a reputable adoption agency.

Prenatal Care

If a pregnancy has been verified and the woman wishes to continue the pregnancy, she should be seen by an obstetrician as soon as possible. It is very important that a pregnant woman be examined by a doctor soon after pregnancy occurs so that the baby has the best chance of being healthy. A pregnant woman should see her doctor periodically (every 4-6 weeks) so that he can monitor the pregnancy, prescribe an adequate diet and exercise program, and take care of any complications that may arise during the pregnancy. This doctor will also deliver the baby. If you are pregnant and have not seen a doctor, see one soon.

During pregnancy it is very important that a woman takes good care of herself. A doctor can help a woman with certain problems, but mostly the woman must learn to take care of her body's new needs.

DIET: An example of a well-balanced daily diet would include:

1) Four glasses of milk or milk products
2) One or two eggs
3) One or two servings of meat, poultry, fish, cheese, or nuts

4) One or two servings of fresh green leafy vegetables

5) Two or three slices of whole wheat bread

6) A piece of citrus fruit or a glass of citrus fruit juice

7) One serving of another fruit or vegetable

This diet will give her most of the necessary protein, vitamins and minerals needed for bearing a healthy baby. A doctor may suggest some supplements.

EXERCISE: During pregnancy it is a good idea to exercise in order to develop and strengthen the body. This not only helps the baby, it makes pregnancy more comfortable for the mother. A doctor can prescribe exercises that are suitable for each woman.

DRUGS, X-RAYS, SMOKING AND ALCOHOL: A woman who is pregnant should not use any drugs or medication unless her doctor tells her to. Any drug that a woman takes goes through the placenta to the baby and may cause birth defects. Let your doctor know that you are pregnant before he prescribes any medications or orders x-rays done on you. Smoking and the consumption of alcohol can also have a harmful effect on an unborn child. These habits should be discontinued during pregnancy.

Complications in Pregnancy

Most pregnancies are completely normal, but there are some in which complications may develop. Below are listed some unusual symptoms which should be reported to the doctor immediately, and what the possible causes of such symptoms may be.

DANGER SIGNS	POSSIBLE CAUSES
Severe abdominal pain, possible slight bleeding, in the first few weeks of pregnancy	Ectopic Pregnancy -- when the egg does not implant in the uterus, but in the fallopian tube or near the ovary.
Vaginal bleeding with or without abdominal pain after the 28th week of pregnancy	Threatened Miscarriage -- during miscarriage the fetus detaches itself from the uterus and is expelled.
Vaginal bleeding with or without abdominal pain after the 28th week of pregnancy	Separation of the Placenta -- when the material which provides nutrients to the fetus detaches itself from the uterine wall.
Severe swelling of fingers and face, with blurred vision and headaches after the 20th week of pregnancy.	Toxemia -- serious condition involving water retention and high blood pressure; must be treated immediately
Gush of water from the vagina at the 28th - 36th week	Rupture of Amniotic Sac -- the baby floats in a bag of fluid; if it breaks, it may signal a premature birth

If you are pregnant and have any of these symptoms, see your doctor as soon as possible.

VENEREAL DISEASE

Venereal disease (VD) means any disease which is contracted through sexual contact. All venereal diseases are contagious and are spread by contact with a person who is already infected.

VD germs live only in warm, moist places — the vagina, the penis, the throat, and the rectum. This is why VD is almost always spread by sexual contact. VD germs do not live outside the body; you cannot get VD from toilet seats, dirty towels, or other objects.

There are fourteen different diseases which are transmitted through sexual contact. These include gonorrhea, syphillis, herpes simplex -2, venereal warts, and chancroid. The most common types of VD are gonorrhea and syphillis. Both are very dangerous, but both can be cured provided that treatment is sought soon after infection. There are no vaccines against VD. And even if you have had it once and been cured, you can still get it again if you have contact with an infected person.

Being on the birth control pill increases a woman's susceptibility to VD. Also, as fewer men are using condoms as a method of birth control (the condom is the only birth control method which offers some protection against VD), there have been many more cases of VD in recent years than in the past. For this reason it is important that anyone who may have contracted VD have a VD test and get treated immediately, before spreading the disease to other partners. If you are sexually active, it is a good idea to have a yearly test for VD even if you do not think you have it.

If you think you might have VD, get help as soon as possible. Don't worry about how the doctor or nurse will react; they want to help you. If you have VD, tell all the people you have had sexual contact with so that they can get treated too. If you are pregnant, be sure to have a test for VD early in the pregnancy so you can avoid harming the child if you have the disease.

On the next page is a chart which describes the symptoms, tests, and treatments for gonorrhea, syphillis, and herpes simplex -2. If you have any of these symptoms, or if you have spots or sores on your genitals, see your doctor immediately.

VENEREAL DISEASES

	GONORRHEA	SYPHILLIS	HERPES SIMPLEX -2
SYMPTOMS	Symptoms in Women: Women usually have none. If they do, symptoms include: Vaginal/cervical discharge Painful urination Anal irritation Abdominal pain Symptoms in Men: Milky discharge from penis Pain/burning on urination	Stage 1: 10-90 days after contact Chancre appears on genitals, in mouth, vagina or rectum. It usually does not hurt or itch. The chancre will go away, but the disease doesn't without treatment. Stage 2: 6 weeks later Rash and moist-looking sores appear around genitals, also fever, headache and a loss of hair may occur. Stage 3: 2-5 years later Person is not infectious at this stage, may feel healthy, but the disease is attacking the brain, heart or other organs.	Within a few days after sexual contact with an infected person, tiny grouped blisters will appear on the genitals. These blisters ulcerate and form red centers. The first symptom is intense itching which becomes very painful as the sores are irritated. Urination will be painful. The sores will last from 1-3 weeks and may reccur later. A secondary infection may result.
TEST FOR VD	Culture -- involves taking a swab of the discharge	Blood test	Culture and Blood Test Microscopic Examination
TREATMENT	Antibiotics--Penicillin or Tetracycline See your doctor	Penicillin or other antibiotic See your doctor	Topical ointment to relieve pain; antibiotic for any resulting infection

NUTRITION

Nutrition (the food you eat) is an important part of good health care. Not only can good nutrition help to prevent many illnesses and tooth disease, but it can contribute to the general well-being of the person. Carbohydrates, proteins, fats, minerals, vitamins and water are all ingredients of a healthy diet.

There are many different ways that you can get all the nutrients you need. The foods you ate in your old country probably provided a balanced diet. Unfortunately, those same foods in America can be very expensive and you will probably need to turn more to the American diet.

Unfortunately, the eating habits of many Americans are very unhealthy. Although many Americans are overweight, many do not get enough of the right nutrients because they tend to eat too many foods such as potato chips, candy, soda pop, and foods that are high in sugar or low in nutrients. If you decide to Americanize your diet somewhat, be careful in your shopping. Avoid sweets and snack foods.

BASIC GUIDELINES

1. Food is divided into four main groups; you need foods from each of these groups every day:

    a. Milk and Cheese: Adults need two servings each day. This means that the adult should have at least two glasses of low fat milk, or two ounces of cheese, yogurt, cottage cheese, etc. every day. Children and pregnant women and nursing mothers generally need more.

    b. Fruits and Vegetables: Adults need four or more servings per day. Fresh fruits and vegetables are generally better (both in taste and in nutritional value) than those that are canned or frozen. For more nutrition, do not peel carrots or potatoes and eat as many raw vegetables as possible. Cooking can destroy important vitamins, so if you cook the vegetables in water, save the water for soups or other dishes.

    c. Meats, poultry, fish, eggs, and nuts: These foods are a good source of protein. Adults need two or more servings per day. A serving size is considered to be 2-3 ounces of meat, two eggs, etc. twice a day.

    d. Breads, cereals, rice: Adults need four or more servings per day. A serving size is 1/2 cup of rice, one slice of bread, etc. Avoid "refined foods" in this category (foods that have had nutrients taken out of them). Brown and whole wheat breads are better than white breads. Children's cereals (such as Cocoa Puffs, Captain Crunch, etc.) contain mostly sugar and

Basic Guideline, cont'd.

are low in nutrients. Cooked cereals tend to be low in sugar and are a better source of nutrition than cold cereals.

2. Your body also needs fats (butter, oil, etc.), but you will probably get enough of these in the meats, nuts and in the preparation of food.

3. Water is also very important to a healthy diet. An adult should drink 6-8 glasses of water every day.

FOOD STORAGE

Improperly stored food may spoil. If you eat these spoiled foods, you may become very ill. Here are some tips on food handling and preparation that may help prevent food poisoning.

1. When you are preparing foods, be sure that your hands are clean, your kitchen utensils are clean, and your work area is clean. Clean your fruits and vegetables before preparing them.

2. Repeated cooling and heating can cause spoilage. If food is meant to be served hot, keep it hot until it is eaten.

   A good rule would be that foods (meats, casseroles, etc.) should only be heated and cooled twice--once when cooking and once when reheating leftovers. If you have leftovers, let them cool before covering them and putting them in the refrigerator.

3. If food is meant to be cold, keep it cold, and do not let it warm to room temperature.

4. Be sure food is well covered during storage. Use jars with tight lids, plastic containers with lids, plastic wrap or foil. Keep air from the food if possible.

5. Most foods need to be refrigerated either when you buy them (meat, milk, etc) or after you first open them (juices, catsup, salad dressings, etc). Make certain that your refrigerator is cold enough to keep the food cold, but not so cold that foods (milk especially) freeze.

6. Frozen foods pose a special problem. Most ready frozen foods should be kept in the freezer until you are ready to cook them. If you freeze meats, breads, casseroles, etc., be sure they are well wrapped (air tight). Breads can be refrozen, but other foods must be used immediately if thawed. Meat will have to be thawed before cooking. Otherwise you will have to increase the cooking time. Once meat has been frozen and thawed, use as soon as possible.

7. Do not let foods sit for too long in the refrigerator. Foods spoil at different rates (milk will keep for about one week in the refrigerator, salad dressing for several months). If there is any mold on your food or if it smells bad, do not use it. The exception to this is cheese. If there is mold on cheese, you may cut away all the mold and use the good cheese.

PERSONAL HYGIENE

The way you look will influence how other people react to you. For this reason it is important to understand how Americans view personal hygiene and what their standards are.

Not all American customs and standards are good, so you will need to sort through the different messages you hear in order to determine what is best for you. Here are some suggestions for your own personal hygiene.

1. A WORD OF CAUTION:

   Being in America means that you will meet with a barage of advertisements. Most ads either claim things about their products that are not entirely true, or they attempt to mislead you into believing that the product will produce some miraculous effect.

   Although advertising may lead you to believe that certain cosmetics and personal hygiene items are essential, most are not. And, these items can be very expensive. Be choosey about the products and cosmetics you buy.

2. Perspiration is a natural process--it removes wastes from the body; it helps to cool the body. There is no reason to try to stop this process. However, for some, this process of perspiration can lead to body odor. Here are some hints for helping to deal with this problem:

   a. Bathe regularly: Daily bathing removes the sweat, dead skin, and dirt from the body. By removing bacteria from the skin, bathing keeps the perspiration from smelling bad. This regular bathing is the most important aspect of personal hygiene.

   b. You may want to use soap when you bathe. It is not necessary to use deoderant soap, but you may find that it works best in removing perspiration odors (preventing them). A mild soap such as Ivory is probably best. If your skin is very dry, soap will dry it out more or even irritate it.

   c. You may want to use an underarm deoderant if you feel that the perspiration smell is very bad. Do not start to use deoderant unless you need it. And, if you do, try to find a deoderant that is not an anti-perspirant.

   d. Change your underclothes and socks daily. When you launder your underclothes, use hot water and a mild laundry soap.

PERSONAL HYGIENE

3. HAIR: Because the hair on your head is such a noticeable part of you, it is especially important that you keep it clean.

   a. Shampoo your hair whenever it gets oily or dirty. If you must wash it every day, use a mild shampoo. Expensive shampoos are usually not worth the price you pay. Experiment with some of the less expensive brands to find one that suits you.

   b. We lose dead skin constantly, even on our scalp. On the scalp, our hair usually holds the small scales and extra oil together. These small scales and extra oil is called dandruff. Usually regular shampooing and brushing removes dandruff. If that does not work, and you have regular flaking, you may want to use one of the dandruff shampoos, such as Selsen Blue or Head and Shoulders.

   c. You will also want to keep your hair neatly combed or pulled back from the face. Hair that is dirty will not look good regardless of how many times you comb it.

4. Care of hands and feet: Your feet and hands do a lot of work during the day. It is important that you know how to take good care of them.

   a. The length of your fingernails depends on the kind of work you do. You may need to keep them very short. If they are cut to be pointed, they will break more easily.

   b. Toenails should be cut straight across to prevent them from becoming ingrown. Ingrown toenails are very painful and should be seen by a doctor.

   c. Cuticles are the areas of skin around the nails. Gently push the cuticles back from the nail. Otherwise, as the nails grow, the skin will be torn. This causes hangnails which can be very painful. When a hangnail develops, cut it off; do not pull it as this will only make it tear and become worse.

   d. Because feet perspire, there may often be an unpleasant odor from your feet. As your feet get hot and sweaty, bacteria can grow and may cause an unpleasant foot infection called Athlete's Foot. To prevent this condition, wash your feet carefully and always dry them well, especially between the toes. Avoid walking barefoot in public places (especially locker rooms and motels). If you have a mild case of athlete's foot, keep the feet dry by wearing absorbent socks

and changing socks often. Cornstarch will help keep the skin dry. If you have a more severe case of athlete's foot, Tinactin is a product which is effective for treatment.

5. Miscellaneous

a. Commercial douches for women do more harm than good. Unless your doctor recommends douching for an infection, do not douche. It is not necessary and cause irritation. The same holds true for feminine hygiene deoderants. Do not use them.

b. If your skin is very dry, you may want to use some kind of skin cream. Vaseline Intensive Care is a good product. When using any kind of soap or cream, always avoid the eye area.

c. Avoid excessive use of cosmetics and skin preparations. There are chemicals in all of these which can cause skin problems if used excessively over long periods of time.

PERSONAL SAFETY

PREVENTING ACCIDENTS

1. Kitchen

   a. Never leave food cooking unattended.

   b. Keep pot handles out of children's reach.

   c. Turn off oven and burners when not in use.

   d. Keep cleaning chemicals out of children's reach.

2. Bathroom

   a. Be careful when entering or leaving tub (avoid slipping in tub or shower).

   b. Be careful of wet, slippery floors.

   c. Do not use electrical appliances when in the tub or when wet (avoid shock).

   d. Keep all medicines out of reach of children; never take medicines in the dark, or if you are not sure of what they are.

3. Children

   If you have young children in the house, you must be especially careful about what you leave laying about the house. To "child-proof" your home:

   a. Never leave knives or other sharp objects lying about the house. Keep breakables out of children's reach.

   b. Do not leave matches where a child can play with them.

   c. Do not leave small children unattended if you have not constrained them (such as in a playpen).

   d. Block off stairways to avoid children falling down them.

   e. Block off electrical outlets either by furniture or by special outlet plugs (plastic plugs you can buy in the store). Never let a child put anything (such as keys or knives) in electrical outlets.

PREVENTING ACCIDENTS

3. Children, cont'd.

   f. Keep all cleaning supplies and chemicals out of children's reach.

   g. Never leave a child unattended in the bath.

   h. Do not leave hot irons, pans or other appliances where a child might be burnt.

   REMEMBER: children are naturally curious. Be sure they do not get into anything that could be dangerous to them.

4. Poisons

   When you suspect poisoning do the following:

   a. Find out what poison the person has swallowed.

   b. Call a poison control center and tell them what was taken. Follow the directions the center gives you.

   c. If the poison is not known, give the person water and take them to an emergency room at a hospital immediately.

DEALING WITH CULTURAL ADJUSTMENT

When you come to a new country to live, you may have had to leave many people or things behind, such as family members, friends, your country, personal property, job position, community support and possibly even your identity. You may have experienced such a great loss that you may feel nobody can fully comprehend what this loss means to you and how it affects your life as a newcomer in this land.

Initially, in a new culture there will be many new things to take care of, such as food, housing, job, school, transportation, finances, meeting community members, health concerns, adapting to a new climate and the complexity of the new society. You will also be involved in learning a new language. So, in the first few months you will feel busy, occupied, or possibly relieved. Each person adapts differently and may have such feelings for different periods of time.

Once you have taken care of your immediate needs, you will have time to reflect on the past and to wonder about your future. You may feel homesick, frustrated, depressed, isolated or a sense of loss. Early refugees from other cultures also experienced such a process.

In dealing with such feelings, you may wish to talk with someone who can give you some support and guidance. In the U. S. there are services with personnel who are trained to help you cope with such situations. Your sponsor can help you make contact with such a person: a counselor. In some states there are services like this which are especially designed to serve Indochinese refugees. There are members from each ethnic community who are professionally trained to help provide guidance in serving their own community members in dealing with emotional adjustment, marital or family conflicts, or any problem related to successful functioning in the new society.

FIRST AID

Anyone attempting to give any kind of first aid will do so with much more confidence if he has a clear notion of the order of importance of various emergencies, and knows the quickest, most effective measures to take. But over and above all technical knowledge about rescue procedures is the ability of the first aider to keep calm so he or she can make the right decisions and delegate tasks to others who can be helpful.

Before reviewing the details, learn these basic principles of first aid for serious emergencies.

1. Never lose your head in an emergency.

   This is the time for clear thinking and quick action. A life may depend on prompt effective treatment.

2. Summon help the first chance you get.

   Call the Operator for an ambulance in all serious cases.

   NOTE: In an emergency when every minute counts, you do not have to waste valuable time looking for the correct telephone number. Simply dial "0" for the operator, ask for an ambulance, hospital, police, fire department, etc. Telephone operators are prepared to connect an emergency call to the proper party without delay. Also, operators can connect you to any other number you want to reach in an emergency (i.e., the doctor, or a relative or friend). Even if the telephone number is busy, the telephone operator can interrupt the conversation to inform the person of the emergency call, and clear the line for you.

3. Never move the victim.

   Never move the victim from the scene of an accident while waiting for medical help unless absolutely necessary. Keep him lying flat on his back on a level surface. Do not lift head, do not help him to sit or stand, do not bundle him into a seat. Always keep in mind that lifting and pulling can cause further injury to broken bones and internal organs.

FIRST AID

Additional Information:

If no one at the scene speaks English, you must call someone who can speak enough English to call the Operator for medical help, can state the emergency, and give the address or location of the injured person.

OR, if it is possible and safe for the victim, you must transport him yourself to the nearest hospital after first aid has been given. Call the Operator or police directly and repeat these English words:

"Medical Emergency! My address is _____."
(give location of victim)

First aid directions should be followed exactly as given.

If you are unsure of what to do, do not modify the recommended first aid treatment or leave out some of the steps, without consulting medical help.

CHOKING

Results from an object or piece of food stuck in throat.

URGENT - Have someone be ready to call Operator for an ambulance.

Do not leave victim alone if victim cannot breathe.

If victim has only partial blockage, and is still able to speak or cough effectively, do not interfere with his attempts to expel the foreign object.

When you recognize complete airway obstruction--victim is unable to speak, breathe, cough--perform the following steps quickly on the victim in a sitting, standing or lying position.

4 Manual Thrusts.

Get behind the victim. Slide your arms around his waist above belt line. If the victim is taller or larger built than you, have the victim sit in a chair or lie on the floor. Grasp your wrists and squeeze forcefully in an upward motion towards the victim's rib cage. Do this procedure four times very sharply.

If the victim is lying on the floor, straddle the victim's body by sitting on the upper thighs and press sharply into the person's abdomen in an upward thrust.

CHOKING, cont'd

For an infant or a very small child, turn him upside down over one arm and deliver a light blow between the shoulder blades. If this does not work, hold the child by ankles and shake, then repeat by pushing lightly on the child's abdomen.

If victim becomes unconscious:

Do not give up. As victim looses consciousness, his muscles relax and methods previously ineffective may become effective.

Lie victim on the floor and repeat the method for a large person by straddling the victim's legs and pushing upward.

If, at any time, you can see an object in the throat, try to remove it with tweezers, or by hooking it with your finger. (Slide finger along side of mouth to get at back of throat, then hook your finger and pull forward. Be EXTREMELY CAREFUL not to push the object farther back in the throat.)

Additional Information

Do not try to give choking victims water. This will only complicate things as their throat area is blocked.

Manual thrusts force air from victim's lungs quickly and this force can often pop out an obstruction.

If the victim is pregnant or very obese, and your arms cannot reach around the victim's waist, put your arms around his chest under his armpits. Make a fist with one hand, grasp your fist, and squeeze victim with forceful upward thrusts.

If victim's air passage is only partially obstructed, and victim can breathe, encourage him to continue coughing. If he begins to turn blue in face, lips, tongue, treat as for complete obstruction as described above.

Self Manual Thrust

If you are alone and choking, perform manual thrusts on yourself. Press your own fist into upper abdomen quickly and forcefully. Or, lean forward and press your abdomen quickly over firm object, back of chair, edge of sink, porch railing, etc.

FIRST AID

SEVERE BLEEDING

Severe bleeding results from injury:

After first aid for heart failure or breathing, severe bleeding is the next most urgent concern.

1. Apply direct pressure on the wound until bleeding stops. Press hard with your hand over bandage or clean cloth. If none is available, a piece of clothing or heel of your bare hand directly on the wound can be used.

2. Keep pressure steady. Do not dab, or remove cloth often to see if bleeding has stopped. This interferes with the necessary clotting of the blood in wound.

3. Call the Operator for an ambulance. If no help can be gotten by phone, rush the victim to the nearest hospital or other medical aid.

4. When bleeding stops, bandage the wound with light pressure. Do not cover the wound with blanket or clothing. Be sure it can be easily see for any additional bleeding or other complications.

Additional Information

In cases of severe bleeding, blood may spurt out, bright red (from an artery) or bluish red (from a vein). Steps must be taken immediately to stop loss of blood, or victim can bleed to death in a short time.

POISONING

Poisoning caused by swallowing of products which are poisonous:

Household cleaners, paints, glue, acids, poisonous plants or others.

Poisons in the eyes or on skin, see page 68.

FIRST AID

POISONING

TAKE IMMEDIATE ACTION

If victim is unconscious:

1. Do not give anything by mouth.
2. Keep his airway open by tilting the head back as far as it will go.
3. Rush victim to medical help. Take along the poison container for identification.

If victim is conscious:

1. Dilute the poison in victim's stomach by having the victim drink water (or milk if immediately available by the glassful.

   2 - 4 glasses -- adult; 1 - 2 glasses -- child

   Do not induce vomiting. If victim can take liquids, give only milk or water.

2. Call a Poison Control Center (if your area has one) or call the Operator for an ambulance. If you cannot get help by phone, rush victim to nearest hospital after liquids have been given
3. Save container or poison and bring it with you to the doctor.

   It may be necessary to identify specific poison before the doctor can start medical treatment. Also this helps in estimating the amount swallowed.

Additional Information:

If a poisoning victim vomits, position victim on his stomach or his side with head lower than his hips so vomited poison will not re-enter food or breathing passages. (Hang adult over bed, hold small child on your lap.)

FIRST AID

POISONING

Additional Information

Call a doctor after you have given the water or milk. If victim is being transported by car to medical help, take the liquids with you and continue the first aid.

Inducing vomiting is not recommended because during vomiting the poison can be accidentally inhaled into the lungs or burn the throat more severely, causing further injury.

The drinking of water is the best method of first aid because water is harmless and usually the fastest liquid to locate. For irritating and burning chemicals in the eyes or on the skin, flooding and flushing with water is also the best treatment (page 68).

Water or milk also dilutes and weakens the poison before it can eat into stomach tissues.

Many common household items can become poisons if swallowed accidentally by an adult or a child. Examples are cosmetics, hair preparations, gasoline, kerosene, and other petroleum products, paint and turpentine, strong detergents, bleaches, cleaning solutions, lye, glue, ammonia, acids, and poisonous plants.

Symptoms of poisoning vary greatly. Some clues to accidental poisoning are:

> A container of a poison left open or empty; sudden pain or onset of illness in victim, burns around the lips or mouth, or breath odor (gasoline, kerosene).

Labels on poisoning substances often list antidotes which are ineffective and antiquated. Do not follow their advice. Call your local Poison Control Center or call the Operator for an ambulance, or other medical help.

The public health departments in many large cities have established Poison Control Centers where emergency information is available by phone 24 hours a day.

FIRST AID

CONTACT POISONS

Results from poison or burning substance in eyes or on skin.

1. Immediately flood and flush affected skin area with lukewarm water for at least 15 minutes.
2. Wash all contaminated skin with mild soap and rinse for at least 5 minutes.
3. Get medical help immediately.

FOOD POISONING

Food poisoning is usually caused by bacterial contamination of food, or by eating poisonous mushrooms, plants, berries, shellfish, or other food which has spoiled.

Symptoms are usually severe and come soon after eating the poisoned food.

Symptoms include: pain or tenderness in abdomen, nausea, vomiting, painful spasms, diarrhea, weakness.

1. Dilute poison by having victim drink a few glassfuls of water or milk.
2. If you are sure it is food poisoning, induce vomiting.
3. Repeat liquids and vomiting up to 5 times.
4. Get victim to medical help immediately.

FIRST AID

MEDICINE OR DRUG OVERDOSE

Result from excessive amounts of drugs.

Even if there are no immediate symptoms, act immediately to dilute and then empty the stomach by vomiting.

If victim begins to fall asleep, walk him around to stimulate circulation and keep him awake. If he is unconscious, keep air passage open, give mouth-to-mouth resuscitation, get medical help immediately. If you cannot reach any help by phone, rush victim to nearest hospital.

POISONOUS FUMES INHALED

Result from breathing poisonous fumes such as escaped gas from a stove, paint fumes, glue vapors, car exhaust.

URGENT: Death can occur within minutes.

WARNING: Do not strike a match or carry a lighted cigarette into area of escaped gas.

1. Immediately remove victim to the fresh air, outdoors or to an open window.

   If it is not possible to move victim, open all doors and windows--break if necessary--to let in as much air as possible.

2. Call the police, hospital, or fire department who can bring an oxygen inhaler.

Additional Information:

Many poisonous fumes are also highly combustible, and can cause explosion by striking a match, carrying a lighted cigarette, or turning on an electric switch in contaminated area.

Where poisonous fumes are present, the first aider need not waste precious time covering his face with a cloth or hankerchief. Simply hold your breath or take a few shallow breaths while bringing fresh air to victim.

FIRST AID

SHOCK

Results from severe loss of blood or circulation.

"Traumatic Shock," not to be confused with Electric Shock (page 71).

After first aid for heart failure, breathing, severe bleeding or poisoning, shock is the next most urgent concern.

Shock is the slowing down of body functions due to lack of proper circulation in the seriously injured and can be fatal if not treated properly.

Assume any person seriously injured may develop shock.

1. Keep victim lying down, while waiting for medical help. This keeps blood flowing to the brain and other vital organs.

2. Cover victim with blanket or additional clothing to keep him from losing body heat, but do not make him perspire. Loosen any tight clothing.

3. Make sure his airway is open and he is breathing sufficiently. If there is any vomit or mucus in his mouth, remove it and lay him on his side to be sure his airway does not become blocked. This position will allow further drainage from mouth.

   Do not move him from where he lies, except to protect him from further injury.

4. Call the Operator for an ambulance.

   If medical help is delayed, warm drinks may be given (as long as the victim is conscious).

FIRST AID

SHOCK

Additonal Information:

Talk to victim in a reassuring way. Don't alarm him by letting him see the extent of his injury.

Never attempt to give anything to drink to a victim if he is unconsious, having convulsions, or likely to vomit.

Shock may be caused by severe injuries, loss of blood, prolonged vomiting, burns, heart attack or stroke, poisoning, loss of breathing and other.

Some symptoms may appear:

Skin pale or bluish
Skin cold to the touch, moist and clammy
Victim is weak
Heart beat is very rapid (over 100 beats per minute)
Breathing shallow and rapid
Weak pulse

ELECTRICAL SHOCK

Caused by contact with electric current from faulty wiring in home appliances, live wire, or lightning.

WARNING: Do not touch victim directly with any part of your body until current is turned off or until he is free from contact with current.

YOU MAY BE RISKING YOUR OWN LIFE.

If you cannot turn off the current, remove the person from the current.

1. To remove the victim from electric current source:

   a. Protect yourself--be sure your hands are dry and you are standing on a dry surface. If available, stand on thick newspaper or rubber car mat.

   b. Use dry pole, dry broom handle, or dry board to knock or push victim away from current.

      Or, use dry rope or long dry cloth to hook his arm or leg and drag him away.

      REMEMBER ANYTHING DAMP IS DANGEROUS

FIRST AID

BURNS

Results from contact with flame, ignited clothing, immersion in hot water, contact with hot object or electricity.

Severe burns are called Third Degree burns and need immediate medical treatment.

Appearance: White or charred skin, deep damage and complete destruction of skin layers.

Third Degree Burns

1. Do not try to remove particles of clothing that may stick to skin.
2. Cover burn with only thick sterile bandages or fresh clean cloth.

   Do not apply ointments to third degree burns. Do not apply cold water.
3. Call the Operator for an ambulance immediately.
4. Keep burned arm, hand, leg, or foot elevated.

Additional Information

Burns are treated according to degree or depth of skin damage. Third degree burns are severe and outlined above. The other types are listed below:

Second Degree Burns

May need to be seen by a doctor for any possible later development or infection. Can result from severe sunburn, contact with a hot liquid, flash burn from gasoline, kerosene, or others.

Skin appears red or blotchy, greater swelling (can last several days), blisters.

Treatment: Apply cold water or submerge part in cold water (not ice water) to relieve pain.

Apply fresh, clean cloths wet with ice water.

Apply dry sterile bandage.

Do not break blisters, do not apply ointment or antiseptic (these will further irritate).

FIRST AID

BURNS

First Degree Burns:

These are minor burns and do not require medical help. They can result from sunburn, contact with a hot object, or scalding by hot water. Skin appears red, with mild swelling and pain.

Treatment: Apply cold water or submerge the burned area in cold water.

Apply protective ointment and bandage (if necessary).

A burn injury may at first appear minor, but later be discovered to be quite severe. Burns can often have both second and third degree damage. Third degree burns may not be immediately obvious; because of the severe damage to skin, nerves are often destroyed, and therefore victim may not have as much pain, but may nevertheless be severely injured and require immediate medical treatment.

BONE INJURIES

Resulting from an accident

Broken Bone:

1. Do not move victim from the scene of an accident except to protect him from further injury.
2. If a limb is broken, do not bend it. Try to keep it straight and immobile.

   If there is a head injury, do not move head or allow victim to sit or stand.
3. If a bone is sticking out through the skin, do not attempt to push it back into place.
4. Keep patient lying down and warm. Watch for signs of shock.
5. Call the Operator for an ambulance, or other medical help.

Additional Information

A victim of broken bones should be kept still. Any attempt to lift him or turn him may result in further injury or even cause paralysis.

Dislocated Bone

A bone out of place in the joint: i.e., shoulder, knee, jaw.

1. Do not attempt to push bone back into place.
2. Call for medical help.

FIRST AID

CONVULSIONS

Convulsions can result from poisoning, head injury, during period of high fever or severe illness.

1. Do not attempt to restrain victim.

   Position him where he will not injure himself by knocking against furniture or other objects.

2. Loosen tight clothing at victim's neck and waist.

3. Do not force victim's mouth open during convulsions.

   Do not give anything to drink or other medicine during convulsions.

4. Watch for obstruction to victim's airway (by vomit or saliva from mouth).

5. Call the Operator for an ambulance, or get victim to medical help as soon as possible.

WORDS INCLUDED IN TRANSLATED EDITION

abdomen
abdominal
abnormal
abortion
abrasion
abscess
abstinence
accident
ache
acid
acne
acupuncture
acute
addiction
adenoids
advice
aid
alcohol
alcoholism
allergic reaction
allergy
ambulance
amenorrhea
amputation
analgesic
anatomy
anemia
anesthetic
aneurysm
angina
ankle
antacid
antibiotic
antidote
antihistamine
antiseptic
anus
anxiety
apathy
appendicitis
appendix
appetite
application
appointment
arch
areola
arm
armpit
arteriosclerosis
arthritis
artificial
artificial respiration
aspirin
asthma
athlete's foot

baby
back
backache
backbone
bacteria
balance
bathe
bandage
barbiturate
bed rest
bed sores
bile
biopsy
birth
birth control
birth defect
birthmark
bite
blackout
bladder
bladder infection
bland
bleed
blind
blister
bloated
blood
blood clot
blood pressure
blood sugar
blood test
blood type
blood vessel
bloody
blush
body
boil
bone
booster
born
bowel
bowel movement
brace
brain
break
breast
breastfeed
breath
breathe
breech birth
broken
bronchitis
bruise
bulge
bump

burn
bursitis
burp
buttocks

Caesarian section
calf
callus
calm
calories
cancer
canker sore
cartillage
cast
cause
cavity
cataract
cervical
cervicitis
cervix
chafe
chancre
chart
check
cheek
chest
chew
chicken-pox
chills
chin
choke
cholera
cholesterol
chronic
circulation
circumcision
cirrhosis
clean
clinic
clitoris
coitus
cold
colitis
collar bone
colon
color blind
coma
complaint
complexion
compress
conception
concussion
condom
congenital
congestion

conjunctivitis
constipation
constriction
consultation
contact
contagious
contaminate
contraception
contraceptive foam
contusion
convalescence
convulsion
cornea
coronary
cough
cradle cap
cramp
crippled
crisis
critical
crutch
culture
cure
cyst
cystitis

damage
dandruff
dangerous
dazed
deaf
death
decay
defecate
deformity
dehydration
delirium
deliver
dental
dentist
dermatitis
describe
diabetes
diagnosis
diaphragm
diarrhea
die
diet
dilation & currettage
digestion
diphtheria
dirty
disability
disc
discharge
discolored
disease
disinfectant
dislocate
dispensary
diuretic
diverticulitis
dizziness
doctor
dosage
douche
drain
drink
droop
dropsy
drug
drugstore
duodenum
duration
dysentary
dysmenorrhea
dyspnea

ear
earache
eardrum
earlobe
ear wax
eat
ectopic pregnancy
eczema
edema
ejaculation
elbow
electric shock
electrocardiogram
electrocardiograph
elimination
embolism
embryo
emergency
emetic
emotion
emphysema
endometriosis
endometrium
enema
energy
enlarged
enuresis
epidemic
epididymus
epilepsy
episiotomy
erection
esophogus
examination
examining room
exercise
exhale
exhaustion
expectorant
external
eye
eyebrow
eyelash
eyelid

face
faint
fallopian tubes
farsighted
fat
fatigued
feed
feel
feet
female
fertile
fetus
fever
finger
fingernail
flatulence
flesh
flu
fluoride
food
foot
forearm
forehead
foreskin
formula
fracture
function
fungus

gall bladder
gall stone
gargle
gas
gastritis
gastrointestinal
genitals
germ
gland
glans
glasses
glaucoma

goiter
gonorrhea
gout
growth
gums
gynecologist

habit
hair
hand
hangover
hay fever
head
heal
health
hear
heart
heart attack
heart murmur
heartburn
heat
heel
hemorrhage
hemorrhoids
hepatitis
hernia
herpes
hiccup
hips
hives
hoarse
hormone
hospital
hot flash
human
hunger
hungry
hurt
hygiene
hymen
hyperactive
hypertension
hyperventilate
hypoglycemia
hysterectomy

ill
illness
immunization
impetigo
impotence
incision
incontinence
indigestion
infant
infection
infertile
inflammation
influenza
information
inhale
injury
inoculate
insomnia
instep
insulin
intercourse
internal
intestine
intrauterine device (IUD)
irregularity
irrigate
itch
jaundice
jaw
jerk
jock itch
joint

kidney
knee
knuckle

labia
labor
lactation
large intestine
larynx
laryngitis
laxative
leg
leprosy
leukemia
leukoderma
lice
ligament
lip
limb
liver
lump
lung
lymph node

malaria
male
massage
mastectomy
masturbation
maternity
mature
measles
medical
medicine
meningitis
menopause
menstruation
metabolism
mononucleosis
midwife
migraine
miscarriage
mole
morning sickness
mouth
mouthwash
mucous membrane
mucus
mumps
muscle

naked
narcotic
nasal
navel (belly button)
nausea
nearsighted
neck
nephritis
nerve
nervous
nervousness
nipple
normal
nose
nose bleed
nostril
numb
nurse
nutrition

obesity
obstetrician
obstruction
odor
operation
ophthalmoscope
oral
organ

orgasm
orifice
os
otitis
otoscope
ovary
overweight
ovum

pain
pale
palm
palpitation
palsy
pancreas
panic
pap smear
paralysis
parasite
passage
patient
pediatrician
pelvic
pelvic inflammatory
  disease
pelvis
penicilin
penis
perineum
period
peritonitis
perspire
perspiration
pertussis
  (whooping cough)
pharmacist
pharmacy
pharyngitis
pharyngoscope
phlegm
physical
physical exam
physical therapy
physician
pill
pimple
placenta
pleurisy
pneumonia
poison
polio
postpartum
posture
pregnancy
pregnant
premature birth
prenatal
prescription
prevention
prolapse uterus
prostate
psychosomatic
puberty
pubic bone
pulse
pupil
pus

quarantine

rabies
rash
raw
recover
rectum
reflex
relapse
remedy
removal
reproduction
respiration
rest
resuscitation
retardation
retina
rhesus factor (RH)
rheumatic fever
rheumatism
rhinoscope
ribs
ringworm
risk
roughage
rub
rubella
rupture

saliva
salpingitis
scab
scalp
scarlet fever
scratch
scrotum
seasick
sedative
seizure
semen
senility
senses
sensitivity
serum
sex
sexual
shake
shakiness
shin
skingles
shiver
shock
shot
shoulder
shoulder blade
sick
side
side effect
sinus
skin
skeleton
skull
sleep
sliver
small intestine
small pox
smell
smoking
sneeze
sniffles
snore
sore
sore throat
spasm
specialist
sperm
spine
sphincter
spleen
splint
sprain
sputum
sterile
sterilization
stitches
stiff
stillborn
stimulate
sting
stomach
stomach ache
stool
strep throat
stress
stroke
stye

suffocate
suffocation
suicide
sunburn
sunstroke
suppository
surgery
swallow
sweat
swell
swollen
symptom
syndrome
system
syphillis

taste
teeth
temperature
temple
tender
tendon
tense
tension
test
testicles
testis
tetanus
thermometer
thigh
thin
thirsty
throat
thrush
thumb
thyroid
tired
toe
toenail
tongue
tonsil
tonsillitis
tooth
torso
touch
toxemia
trauma
tranquilizer
transfusion
treatment
tremor
trichomoniasis
tubal ligation
tuberculosis
tumor
twitch
type
typhoid

ulcer
umbilical cord
unconscious
underarm
upset
uremia
urethra
urethritis
urinalysis
urinary tract infection
urinate
urine
uterus

vaccine
vagina
vaginal infection
vaginismus
vaginitis
vaporizer
varicose veins
vas deferens
vasectomy
vein
venereal disease
vertebre
vertigo
virus
vision
vitamin
voice
vomit
vulva

waist
waiting room
wart
wash
water
weakness
weight
wheeze
windpipe
womb
wrist

x-ray

yawn
yeast infection

WHERE TO OBTAIN MORE INFORMATION

In Oregon:

Indochinese Language Resource Center
3030 S. W. Second Avenue
Portland, Oregon 97201

Free information pamphlets are available on specific health area listed below in Vietnamese, Cambodian, Laotian.

Straight Talk about TB
INH A Pill Between You and TB
Infectious Hepatitis
Well Child Care
What to Do When your Baby is Ill
Children's Health Records
So You Think You are Going to Have a Baby
How to Examine Your Breasts
Some Questions and Answers about VD
Basics of Birth Control
Voluntary Sterilization

Multnomah County Indochinese Health Center
1811 N. E. 39th Avenue
Portland, Oregon 97212
Telephone: 503-248-3149, 248-3215

To obtain health information outside Oregon, contact:

Office of Refugee Resettlement
Dept of Health & Human Services
Room 1229 Switzer Building
330 C St., S.W.
Washington, D.C. 20201
Telephone: 1-800-424-0212

All services provided by telephone toll free from anywhere in continental United States. (8:30 a.m. - 5:00 p.m. - Eastern Standard Time)

Information and Referral:
Explanation of United States programs and services. Refers refugees in need of services to your local HEW office, and to refugee agencies providing services in your area.

Counselling Services:
For birth certificates, marriage certificates, and other legal documents; family reunification. Caseworkers available for Vietnamese, Cambodian, Laotian.

Interpretation and Translation Services:
Languages spoken: Vietnamese, Cambodian, Laotian, Chinese, French, English.

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